



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

Appraisal Stage | Date Prepared/Updated: 10-Nov-2020 | Report No: PIDISDSA30407



**BASIC INFORMATION**

**A. Basic Project Data**

Country Armenia	Project ID P175023	Project Name Additional Financing to the Disease Prevention and Control Project	Parent Project ID (if any) P128442
Parent Project Name Disease Prevention and Control Project	Region EUROPE AND CENTRAL ASIA	Estimated Appraisal Date 10-Nov-2020	Estimated Board Date 28-May-2021
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic of Armenia	Implementing Agency Ministry of Health, HPIU

Proposed Development Objective(s) Parent

The Project development objective is to improve (i) Maternal and Child Health(MCH) services and the prevention, early detection, and management of selected Non-Communicable Diseases (NCD) at the Primary Health Care (PHC) level; and (ii) the efficiency and quality of selected hospitals in Armenia.

Components

- Emergency response to COVID-19
- Performance-based incentives to improve MCH and NCD services in primary care faci
- Hospital Modernization
- Project Management

**PROJECT FINANCING DATA (US\$, Millions)**

**SUMMARY**

<b>Total Project Cost</b>	10.49
<b>Total Financing</b>	10.49
<b>of which IBRD/IDA</b>	7.40
<b>Financing Gap</b>	0.00

**DETAILS**

**World Bank Group Financing**

International Bank for Reconstruction and Development (IBRD)	7.40
--	------



**Non-World Bank Group Financing**

Counterpart Funding	3.09
Borrower/Recipient	3.09

Environmental Assessment Category

B-Partial Assessment

‘Have the Safeguards oversight and clearance function been transferred to the Practice Manager?’ Yes

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

**B. Introduction and Context**

**Country Context**

1. Armenia is an upper middle-income country with a gross domestic product per capita (constant 2010 US\$) of US\$ 4,732.1 in 2019.<sup>1</sup> The economy grew 7.5 percent in 2017, pulled up by strong external recovery and a prudent macroeconomic policy response. Growth remained resilient in 2018 and 2019 at 5.2 and 7.4 percent respectively. As a result of the COVID-19 pandemic and falling commodity prices, projections for 2020 have been lowered to a 6.3 percent contraction.<sup>2</sup> Economic growth is projected to recover over the medium term, to about 4 percent in 2021–22, as external conditions stabilize.<sup>3</sup>
2. In the spring of 2018, large nationwide and peaceful street protests—referred to as the velvet revolution—forced Armenia’s long-standing leader from power. Nikol Pashinyan, a member of the parliamentary opposition who had led the protest movement, was appointed prime minister. The Government Program has prioritized better governance and better links to the Armenian diaspora to spur economic growth, job creation, and poverty reduction. Anti-corruption efforts have resulted in reclaim of unpaid taxes among politically linked businesses and calls for business transparency.<sup>4</sup>

<sup>1</sup> World Bank. World Development Indicators. <https://data.worldbank.org/indicator/NY.GDP.PCAP.KD>

<sup>2</sup> With the new wave of COVID-19 infections being stronger-than-expected and the conflict with Azerbaijan already well into its second month, growth rate in 2020 could be closer to the downside scenario of 8 percent contraction in 2020.

<sup>3</sup> World Bank. (2020). Fighting COVID-19: Europe and Central Asia economic update.

<sup>4</sup> World Bank Group. 2019. Country Partnership Framework for the Republic of Armenia for the Period FY19-FY23. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/31444> License: CC BY 3.0 IGO.



3. The Government's response to the COVID-19 pandemic has focused on strengthening the provision of public health services, limiting spread, and introducing targeted relief measures aimed at assisting viable businesses and vulnerable people. The first case of COVID-19 was confirmed on March 1. Strong containment measures were put in place; these included domestic and international travel bans, prohibiting public gatherings, closing schools, universities, and restaurants, imposing restrictions on recreational facilities and public transportation, and mandating mask wearing in public places.
4. As restrictions were lifted only 20 days after the introduction of a national lockdown, there was a rapid increase in the number of cases. On September 11, the Government introduced a four-month "quarantine" regime in lieu of the previous State of Emergency which allows the Government, regional Governors and the Mayor of Yerevan to impose targeted lockdowns. The requirement to wear masks remains. As of November 9, Armenia had 107,466 confirmed cases, of whom 64,910 have recovered, with 1,987 deaths.

### **Sectoral and Institutional Context**

5. Armenia performs satisfactorily on key health indicators. Average life expectancy at birth was 75 in 2018. This level is comparable to the average in Europe and Central Asia and among upper-middle-income countries, even though Armenia has a higher poverty rate and lower levels of public expenditures on health. The infant mortality rate was 8.17 in 2017, down from 11.44 in 2010. The maternal mortality ratio of 26 per 100,000 live births places Armenia ahead of the average in upper-middle-income countries.<sup>5</sup>
6. The leading causes of mortality and morbidity are non-communicable diseases (NCDs), and cardiovascular diseases and cancers were responsible for 76 percent of deaths in 2017. Between 1990 and 2017, infectious causes of death decreased by 50 percent, while mortality from NCDs almost doubled.<sup>6</sup> The estimated annual cost to the Armenian economy of premature mortality and productivity losses from NCDs is 362.7 billion drams.<sup>7</sup>
7. Since 2004, the Government of Armenia has implemented a hospital optimization and modernization reform agenda with the support of the World Bank and other partners, with reductions in excess capacity and improvements in infrastructure. In most regions (Marzes), notable efficiency and productivity gains have been achieved through consolidation of hospital infrastructure and services. For example, under hospitals supported by World Bank financing, bed occupancy rates rose from 22 percent to 88 percent between 2004 and 2009.
8. Through the Disease Control and Prevention Project (DPCP), which was approved in 2013, the Government of Armenia continues to invest in optimizing the hospital network while strengthening the detection of NCDs at the primary care level, with World Bank support. Following a restructuring in

---

<sup>5</sup> World Health Organization, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. (2019). Trends in maternal mortality: 2000 to 2017. Geneva: World Health Organization.

<sup>6</sup> Chukwuma, Adanna; Gurazada, Srinivas; Jain, Manoj; Tsaturyan, Saro; Khcheyan, Makich. (2020). FinHealth Armenia: Reforming public financial management to improve health service delivery. Washington, DC: World Bank.

<sup>7</sup> Jill Farrington et al., "Prevention and Control of Noncommunicable Diseases in Armenia: The Case for Investment," 2019; Institute for Health Metrics and Evaluation, "Armenia."



March 2020, US\$ 3 million was re-allocated to finance the procurement of equipment and supplies for case management, infection prevention, and case detection as part of the COVID-19 response.

9. This Additional Financing (AF) aims to shore up capacity for case management for chronic diseases and intensive care for an effective pandemic response, while contributing to hospital network optimization in Gegharkunik and Vayots Dzor Marzes. The Ministry of Finance sent a formal request to the World Bank on July 29, 2020, requesting the AF for this purpose, and expressing the commitment of the Government to the project objectives and implementation.

### **C. Proposed Development Objective(s)**

#### **Original PDO**

10. The Project development objective is to improve (i) Maternal and Child Health (MCH) services and the prevention, early detection, and management of selected NCDs at the Primary Health Care (PHC) level; and (ii) the efficiency and quality of selected hospitals in Armenia.

#### **Current PDO**

11. The objective of the Project is to (i) increase the detection of selected NCDs at the PHC level and among pregnant mothers; (ii) improve the efficiency and quality of selected hospitals; and (iii) prevent, detect and respond to the threat posed by COVID-19.

#### **Key Results**

12. The Project measures success in achieving the Project Development Objectives (PDOs) using the following indicators:
  - (a) *Component 1: Performance-based financing to Improve MCH and NCD services in PHC facilities:*
    - i. Percentage of antenatal care (ANC) attendees screened for glycosuria, hypertension and proteinuria in at least three antenatal visits (*continued from the Parent project, target value added*).
    - ii. Percentage of population aged 35-68 screened for hypertension at least once in the last year a) female; b) male (*continued from the parent project, actual and target values revised*).
    - iii. Percentage of population aged 35-68 screened for diabetes mellitus at PHC level at least once during the last 3 years a) female; b) male (*continued from the parent Project, actual and target values revised*).
    - iv. Percentage of women aged 30-60 screened for cervical cancer at least once during the last 3 years and received the results (*continued from the parent project, actual and target values revised*).
  - (b) *Component 2: Improving the efficiency and quality of selected hospitals:*
    - i. Bed occupancy rate at the a) Artashat Medical Center; b) Sevan Medical Center (*continued from the parent project, target value added*).



- ii. Percentage of deaths following hospital discharges for acute myocardial infarction and pneumonia, in the last year, in selected hospitals financed under the Project (*new*).

(c) *Component 4: Emergency response to COVID-19:*

- i. Number of designated intensive care units that are fully equipped and functional, without stock-outs in the final two weeks of the calendar year (*definition has been modified, target value added*).

13. **Progress toward achieving the PDO** has been rated no less than Moderately Satisfactory since effectiveness and was assessed as Satisfactory in the last Implementation Status and Results (ISR) (ISR) dated April 7, 2020. The four screening-related PDO indicators have exceeded their end-of-project target values. The 2019 target values for the PDO indicator, measuring bed occupancy rates in two health facilities, have been achieved. The progress towards the attainment of indicators related to capacity for case management in intensive care (Component 4) will be assessed at the end of the 2020 calendar year.

#### D. Project Description

14. The Credit for the DPCP was approved on March 27, 2013, in the amount of SDR 22,800,000 (US\$ 35 million equivalent) and became effective on July 22, 2013. In addition, Component 1 of the Project, Performance-based incentives to improve maternal and child health (MCH) and non-communicable diseases (NCDs) services in primary health care (PHC) facilities, was co-financed with a Health Results Innovation Trust Funds (HRITF) in an amount of US \$ 1.8 million (TF014138).

15. The Additional Financing will close the financing gap for the reconstruction and equipment of Martuni Medical Center (US\$ 3.0 million) and support the scale up of Component 2 to include Vayots Dzor Medical Center (US\$ 4.4 million). The additional financing (AF) will facilitate the health system response to COVID-19 and preparedness for future pandemics by improving hospital capacity for case management and intensive care in an underserved region.

16. The Project, including changes under the Additional Financing, consists of the following components:

(a) *Component 1: Performance-based financing to Improve MCH and NCD services in PHC facilities* through (i) performance-based financing (PBF) as reimbursement for performed screening tests and bonus payments, as well as (ii) strengthening supportive functions for PBF implementation, including improving health information management systems, producing essential equipment, training PHC providers, and (iii) launching national public information campaigns promoting healthy lifestyles and prevention of NCD risk factors, as well as support for personal invitations to individuals in target age groups to generate demand for screenings.

(b) *Component 2: Improving the efficiency and quality of selected hospitals* through (i) construction, reconstruction, rehabilitation and/or equipment of Vanadzor Medical Center (MC), Artashat MC, Sevan MC, Megri regional MC, Martuni MC, Gyumri hospital, Nork-Marash specialized cardiology and cardiac surgery center, and Vayots Dzor MC, (ii) modernization of cancer treatment services in Armenia through technical assistance for the design of the oncology center and development of clinical protocols, (iii) hospital quality improvement, including



the development of a cancer registry, hospital clinical guidelines, support for training in epidemiology and statistics, investments in IT equipment, and scaling up of a hospital quality improvement program, and (v) improvements in the quality of in-patient and out-patient services in the center for hematology through civil works for renovation and reconstruction, and provision of necessary equipment, supplies, and furniture.

- (c) *Component 3: Project management*, through provision of support to the MoH for technical and administrative management of the Project, including fiduciary tasks and monitoring and evaluation.
- (d) *Component 4: Emergency response to COVID-19*, focused on preventing, detecting and responding to the threat posed by COVID-19, through the procurement of equipment and supplies to facilitate case management, infection prevention and control, and case detection.

## E. Implementation

### Institutional and Implementation Arrangements

17. The Additional Financing will use the same institutional and implementation arrangements as the parent Project. The Borrower will maintain a Health Project Implementation Unit (HPIU) within the Ministry of Health, responsible for overall coordination of the Project.
  - (a) **Financial Management** will be carried out by the HPIU, which will be responsible for planning and budgeting, accounting, financial reporting, internal controls, funds flow, and external auditing. Under the AF, the HPIU will prepare semiannual, un-audited interim financial reports (IFRs) to be submitted to the World Bank within 45 days of the end of each calendar semester, from the first disbursement and throughout the life of the AF. The HPIU will manage the project Designated Account. It will either be a segregated or pooled account, as proposed by the World Bank Group Finance and Accounting, Loan Operations and Loan Accounting, in the Single Treasury Account of the Ministry of Finance at the Central Bank of Armenia, which holds almost all Designated Accounts for ongoing World Bank-financed projects in Armenia. The HPIU will update the project's FM Manual acceptable to the World Bank to reflect the FM arrangements and controls under the AF. The annual audited Project financial statements will be submitted to the World Bank within six months of the end of each fiscal year and at the closing of the Project. The borrower will disclose the audit report for the Project, including the AF, within one month of their receipt from the auditors and acceptance by the World Bank, by posting the reports on its website.
  - (b) **Procurement Management** will be carried out by the full-time procurement specialist, who has extensive experience in implementation of procurement under World Bank-funded Projects. Procurement of all civil works and goods will be implemented using ARMEPS. The AF will be subject to the new Procurement regulations for Investment Project Financing Borrowers, issued in July 2016 and revised in August 2018. The Project procurement strategy for development (PPSD) will be developed based on the scope of procurement envisaged under the AF.



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

The project will support the construction of and provision of medical equipment and furniture to medical facilities in Gegharkunik and Vayots Dzor Provinces. The sites of these medical centers are located in transformed urban areas.

**G. Environmental and Social Safeguards Specialists on the Team**

Sophia V. Georgieva, Social Specialist  
Hmayak Avagyan, Environmental Specialist

**SAFEGUARD POLICIES THAT MIGHT APPLY**

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





## KEY SAFEGUARD POLICY ISSUES AND THEIR MANAGEMENT

### A. Summary of Key Safeguard Issues

1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:

The Project supports the completion of the construction of a new building for Martuni Medical Center (MC), construction of a new building for Vayots Dzor MC, and the provision of medical equipment and furniture to these medical facilities, which according to the OP/BP 4.01, are classified as environmental Category B. No large-scale or otherwise significant adverse environmental and social impacts are expected from Project implementation. Civil works to be supported under the Project carry environmental implications that are common for the construction of medium-size buildings within urban settings.

Construction of the two MCs does not involve any temporary or permanent land acquisition or displacement. Land plots considered for the construction of new buildings are state-owned, as confirmed by the land title and tenure documents obtained by Health Project Implementation Unit. The screening has included screening for informal occupants and/or users of this public land. The original Project did not trigger Operational Policy (OP) 4.12 on Involuntary Resettlement. Based on the available information for the AF activities and civil works, OP 4.12 would not need to be triggered.

The expected negative social impacts of the construction phase are temporary and will be mitigated through minimizing nuisance from excessive noise and dust, managing movement of construction vehicles and machinery, demarcating and fencing off construction sites, and prohibiting the scattered piling of construction materials and waste outside the boundaries of construction sites. SEA/SH risks have been screened and assessed as low. Still, the HPIU is implementing a number of measures under the AF to strengthen its awareness and capacity in addressing SEA/SH prevention, mitigation, and grievances.

2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area: No potential indirect or long-term impacts have been identified. The construction works will not generate cumulative impacts. Overall, the project is expected to have a positive social benefit by strengthening the health care capacity in the two regional centers.

3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts. Given that there are no significant or irreversible adverse impacts no alternatives have been considered out of environmental or social considerations. The selected locations were motivated by convenience for citizens, and availability of public land. In the case of Martuni MC, the new building to be constructed is adjacent to an existing MC, forming part of a medical compound.

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 Project's Environmental Management Framework (EMF) was originally prepared to guide the conduct of site-specific Environmental Impact Assessments (EIAs) of the civil works for construction of Vanadzor MC and the Armenia Oncology Center. Prior to the current Additional Financing, site-specific Environmental Management Plans (EMPs) and Environmental and Social Management Plans (ESMPs) were developed for the reconstruction of the Artashat MC of Ararat Marz, for the reconstruction of the Center of Hematology in Yerevan, for the construction of Sevan MC of



Gegharkunik Marz, as well as for the construction of new buildings for Martuni MC and Vayots Dzor MC. The EMPs and ESMPs were deemed adequate for the mitigation of the environmental and social risks associated with these interventions, which are typical for reconstruction or construction of medium-sized existing or newly constructed buildings in an urban setting.

As part of the Project third restructuring, an updated Environmental and Social Management Framework (ESMF) was prepared, approved by the Bank, and disclosed in June 2020. Key features of the updated ESMF include an expanded scope of social impact monitoring, including on aspects of inclusion, non-discrimination, labor and working conditions, and stakeholder engagement. The ESMF also covers COVID-19-specific aspects such as the preparation of infection prevention and waste management protocols. The medical facilities of the Ministry of Health utilize services of the private sector in the collection and transportation of health care wastes to licensed disposal sites or waste incinerators.

The HPIU needs to develop more experience with the application of Infection Control and Waste Management Protocols consistent with guidelines of the World Health Organization. Identifying gaps and preparing of an Infection Control and Waste Management Plan will be important to address the risk of COVID-19. This should be accompanied by the capacity building of healthcare staff and other stakeholders involved in the effective implementation of the Infection Control and Waste Management Plan. It is mandatory that all medical facilities receiving Project support use the services of licensed medical waste disposal contractors existing in the country. These licensed contractors are also responsible for the transportation of medical wastes.

Continued mitigation of environmental and social risks and impacts will be guided by the original Project ESMF and site-specific ESMPs as approved for the purposes of the AF. A self-standing ESMP was deemed an adequate instrument for the mitigation of the environmental and social risks associated with the construction of the medium-sized building in an urban setting. The ESMP for Vayots Dzor MC will be updated to incorporate the COVID-19 specific risk considerations, including on occupational and health safety of workers and contractors; community health and safety risks and impacts related to noise, dust, and traffic management; ensuring inclusion and non-discrimination; labor and working conditions; social impact monitoring; sexual exploitation and abuse, and sexual harassment monitoring; and risks related to asbestos-containing materials. The ESMP for Martuni MC will be updated to reflect risks and impacts associated with the construction and operations of the helipad, including lighting, noise, accidents, fuel storage and management, etc. The ESMPs for both MCs will also reflect the proposed budget and a training plan for all activities relevant to the AF, including who will be trained, the topics and frequency.

The HPIU under the Ministry of Health (MoH) of the Republic of Armenia, which is the Project implementing entity, has a long history of implementing World Bank-supported projects with a good track record of complying with Safeguard Policies. Ratings on Safeguard compliance under the parent Project have been consistently satisfactory. The HPIU has two full-time Environmental and Social Safeguards Specialists who are primarily responsible for the screening, mitigation, monitoring and reporting on environmental and social risks and impacts. During the implementation of the parent Project, the HPIU has demonstrated strong capacity and diligence in screening, managing, and monitoring environmental and social risks as well as compliance with safeguard instruments under OP 4.01.

In response to the World Bank's citizen engagement corporate commitments, in 2013, the HPIU developed a Grievance Redress Mechanism (GRM) for the Project. The quality of information disclosure and consultations has also been satisfactory, including the timely disclosure of draft documents for public feedback; announcing public consultations via local governments, medical centers and local media; and meaningful participation of various



stakeholders, including CSOs, in the consultation process. The Project GRM has been well structured and designed, and announced at all work sites, website, and as part of public consultations. However, it has not registered any grievances. This indicates that awareness raising on the GRM among communities and the training of GRM focal points on how to record and refer feedback and grievances call for further strengthening. Hence, under the AF, the HPIU will undertake additional measures to raise awareness among communities on the GRM including via written signs on site and within the targeted communities with GRM information, and by posting of GRM contacts on community websites in addition to the HPIU site. The HPIU will repeat the training for local GRM focal points, as well as awareness raising sessions for civil work contractors on the functioning of the GRM. Taking into account COVID-19 safety precautions this may be conducted virtually.

The GRM has been described in detail in the project ESMF. It involves multiple tiers with designated focal points: hospital; local government; and HPIU. The Project is developing an enhanced GRM to ensure confidentiality, ethical documenting and service providers for GBV/SEA/SH-related complaints. This grievance mechanism will be put in place at both Martuni and Vayots Dzor work sites. Furthermore, World Bank COVID-19 Considerations in Construction and Civil Works Projects will be incorporated in the construction contractors' environmental and social systems. In accordance with OP 4.01, the assessment and mitigation of risks and impacts will apply the mitigation hierarchy and comply with consultation and public participation requirements, tailored for the COVID-19 specific risks and impacts. The Project Operations will be updated to reflect any revisions to the safeguard instruments and actions. Environmental and social monitoring measures of the Project include the integration of environmental and social supervision into the overall technical supervision of works, using field environmental and social monitoring checklists for tracking and recording the status of compliance on regular basis. Bi-annual Project progress reporting will include analysis of environmental and social performance, issues identified, and corrective measures applied.

The HPIU has also undertaken high quality consultations in communities within which construction and reconstruction has taken place and has actively involved civil society organizations representing vulnerable groups. To obtain a management waiver for exceptional use of AF under Safeguard Policies to scale-up activities under the project, the HPIU has also expanded citizen engagement activities, including through annual consultations in the two regions, focus group discussions targeting vulnerable groups, monitoring beneficiary feedback in the results framework, and sensitizing the grievance redress mechanism to receive and address complaints related to sexual exploitation and abuse, and sexual harassment. The ESMF includes a stakeholder engagement section that details these activities. Given the scale of the Project, a Stakeholder Engagement Plan will be prepared, using the COVID-19 template, which outlines the project's GRM and the community engagement strategy, including results from previous meetings, how feedback will be acted on, and how consultations will be conducted given the COVID-19 pandemic and ongoing tensions.

During preparation of the AF Project, the HPIU has also taken measures to strengthen SEA and SH prevention and mitigation by appointing a SEA and SH focal point; developing a Code of Conduct to be adopted by the PIU and all civil works contractors; developing a survey on SEA/SH awareness to be implemented amongst Project workers; and conducting a SEA and SH service provider mapping. After the introduction of COVID-19 monitoring and reporting templates, HPIU has proactively monitored COVID safety measures at work sites and submitted status reports to the World Bank. Still, HPIU would require further capacity building to apply additional mitigation measures introduced in the updated ESMF. Awareness-raising activities among all Project personnel on SEA and SH issues need to be conducted. The Project GRM is undergoing sensitization to be able to adequately receive and process SEA and SH related grievances.



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

Patients and health providers of the beneficiary MCs are the main beneficiaries of the Project. The managerial and medical staff of these institutions were involved in the development of the hospital optimization program and the technical aspects of providing adequate premises for the Project beneficiary medical centers. The Ministry of Health and the relevant municipalities are also Project stakeholders.

Communication with beneficiary hospitals, local authorities, and other stakeholders will be maintained on a regular basis via phone, email, and where feasible in person, by the HPIU. The HPIU will also clearly indicate to key stakeholders the location of Project information and documents on their website, explain the content of Project environmental and social requirements, and lead the screening and monitoring process.

**B. Disclosure Requirements (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

**Environmental Assessment/Audit/Management Plan/Other**

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

**"In country" Disclosure**

**C. Compliance Monitoring Indicators at the Corporate Level (to be filled in when the ISDS is finalized by the project decision meeting) (N.B. The sections below appear only if corresponding safeguard policy is triggered)**

**CONTACT POINT**



**World Bank**

Adanna Deborah Ugochi Chukwuma  
Health Specialist

**Borrower/Client/Recipient**

Republic of Armenia

**Implementing Agencies**

Ministry of Health, HPIU  
Yervand Elibekyan  
Director, HPIU  
info@healthpiu.am

**FOR MORE INFORMATION CONTACT**

The World Bank  
1818 H Street, NW  
Washington, D.C. 20433  
Telephone: (202) 473-1000  
Web: <http://www.worldbank.org/projects>

**APPROVAL**

Task Team Leader(s):	Adanna Deborah Ugochi Chukwuma
----------------------	--------------------------------

**Approved By**

Safeguards Advisor:	James Peter Moore	06-Nov-2020
Practice Manager/Manager:	Tania Dmytraczenko	06-Nov-2020
Country Director:	Sylvie K. Bossoutrot	10-Nov-2020

