



# Appraisal Environmental and Social Review Summary

## Appraisal Stage

### **(ESRS Appraisal Stage)**

Date Prepared/Updated: 02/16/2023 | Report No: ESRSA02592



**BASIC INFORMATION**

**A. Basic Project Data**

Country	Region	Project ID	Parent Project ID (if any)
India	SOUTH ASIA	P179337	
Project Name	Assam State Secondary Healthcare Initiative for Service Delivery Transformation (ASSIST) Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	2/8/2023	4/27/2023
Borrower(s)	Implementing Agency(ies)		
India	Assam Health Infrastructure Development and Management Society (AHIDMS), Assam Health Infrastructure Development and Management Society (AHIDMS), Health and Family Welfare		

Proposed Development Objective

To strengthen management capacity, access, and quality of the secondary healthcare system in Assam

**Financing (in USD Million)**

**Amount**

**Total Project Cost**

**313.83**

**B. Is the project being prepared in a Situation of Urgent Need of Assistance or Capacity Constraints, as per Bank IPF Policy, para. 12?**

No

**C. Summary Description of Proposed Project [including overview of Country, Sectoral & Institutional Contexts and Relationship to CPF]**

The proposed project aims to address critical gaps in Assam’s secondary healthcare system to enhance its performance. The project will prioritize investments in the areas of (i) improved management capacity of health



systems at the state, district, and facility level; (ii) improved access to and quality of essential services in existing secondary facilities; and (iii) enhanced access to and structural quality of secondary care .

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

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

Assam is the largest Northeast Indian state with 33 districts and shares its borders with seven states and two countries - Bhutan and Bangladesh. The project is set across the entire state in Assam comprising 33 districts. The state covers an area of 78,438 sq.km., of which 98.4 percent area is rural. According to the 2011 Census, Assam has a population of 32 million people (average density of 398 per sq km) comprising 15.939 million males and 15.266 million females. Sex ratio of the state is 958 females per thousand males. As per the 2011 Census, the state has a literacy rate of 72.1 percent. Of the total population, around 86 percent resides in rural areas and 12.4 percent belong to the tribal population.

The state has three principal physical regions: the Brahmaputra River valley in the north, the Barak River (upper Surma River) valley in the south, and the hilly region between Meghalaya (to the west) and Nagaland and Manipur (to the east) in the south-central part of the state. About 23% of the state's area is Forest, and several wildlife sanctuaries, the most prominent of which are two UNESCO World Heritage sites-the Kaziranga National Park, and the Manas Wildlife Sanctuary. Urban centres include Guwahati, one of the 100 fastest growing cities in the world, and Silchar is the second most populous city and an important centre of business. Other large cities include Dibrugarh, an oil and natural gas industry centre. The state also experiences some of the highest precipitation in the country. Flooding and earthquakes are common. Poor road connectivity impacts referral transport system especially in border areas. Healthcare access and services in the state is impacted due to these issues apart from other socio-demographic and behavioral aspects.

There are no central biomedical waste treatment facilities, and waste is being poorly segregated and disposed in deep burial pits at the hospital sites. Gender inequity in the health sector persists in the areas of occupational segregation, decent work, gender pay gap and gender parity in leadership.

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

The Department of Health and Family Welfare (DoHFW) is the nodal agency for the public health system in Assam. The department consists of three directorates: (i) Directorate of Health Service, (ii) Directorate of Health Services (Family Welfare), and (iii) Department of Medical Education. While DHS is responsible for provision and administration of medical and health services across the state; DHS (FW) is responsible for implementing all centrally sponsored schemes which are funded by GOI under RCH – II program, and DME has administrative control of all the undergraduate, post-graduate degree/diploma and post doctoral courses by various Health Educational Institutions under its direct control. This is the first Health sector project the state will be engaging on, and has no prior experience working with Bank environment and social policies.

The project will be implemented by the Assam Health Infrastructure Development and Management Society (AHIDMS) to act as State Project Management Unit (SPMU). This is created by the Government of Assam as an apex autonomous body for coordinating implementation of externally aided Projects in health sector. It is envisaged that



the project will have three levels of governance structure: (i) Project Steering Committee to be chaired by the Chief Secretary to oversee overall project implementation; (ii) Executive Committee, headed by Principal Secretary (Health and Family welfare) to provide approvals for planned workplans and budgets, staffing and financial and legal sanctions; and (iii) SPMU to implement and monitor the project activities. SPMU will be supported with staff including environmental and social development specialists to support implementation and coordination of the project at the State level. State is committed to create the cadre of Hospital Managers who will be hired for each district hospital for overall management and implementation of project activities at the district level.

Given the project design, which requires coordinated action by the three directorates within the HFWD, the designation of the Commissioner & Health Secretary, HFWD, the senior-most official within the department, as the Project Director is critical to effective implementation. The DHS and NHM are responsible for managing secondary-level health facilities, manages administration of districts, human resource allocation and deployment and ensuring quality of care across facilities, will lead implementation of activities contributing to improved quality of care (Component 1 and 2). The DHS-FW and DME is responsible for planning, monitoring, and management of nursing cadre and pre-service education (nursing and dental) will lead and contribute to part of activities related to HRH and pre-service education under Component 2 and 3. In addition, PWD, NHM and DHS will coordinate overall infrastructure development for secondary health care and hence lead the activities under Component 3. Finally, AAAs and ASMCL which are responsible for health financing and medical supplies will lead the efforts to create enabling environment for improved access to an expanded scope of health services. The point person from each of these entities (administrative and technical staff) at the state are identified for coordinating implementation of project activities. The project will have a provision to support and strengthen the different entities capacity and skills through additional consultants and advisors.

Further, as the State is implementing a World Bank health operation for the first time, the SPMU will be supported by technical consultants to support planning and management of various project activities, and capacity building on fiduciary and environmental and social aspects. The SPMU will have one Environment and one social staff who will be supported by consultant teams for design and supervision with expertise in community engagement, environment, occupational health and safety experts. All contractors' teams will have a designated environment and occupational health and safety specialist.

Public Disclosure

**II. SUMMARY OF ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS**

**A. Environmental and Social Risk Classification (ESRC)** Substantial

**Environmental Risk Rating** Substantial

The environmental risk for the project is rated as Substantial. Key risks and impacts are anticipated related to construction, biomedical waste management, occupational health and safety, and community health and safety, and Borrower capacity to comply with the new ESF requirements especially at the district level. The project involves several implementing entities and requires coordination amongst several departments, all of which need clearly defined institutional setup to supervise and manage the environmental and social activities under the project. The project will support (i) upgradation of CHC to district hospitals, (ii) renovation and upgradation of existing district hospitals and nursing colleges. All of which are complex investments and will require additional augmentation in



terms of waste, drainage and effluent treatment, health, and safety. They will also require additional water supply, transport, electricity systems to function safely. All these interventions are expected to take place on the property of existing facilities; therefore, environmental issues (and impacts thereof) are expected to be temporary, predictable, and mitigable. Construction activity gives rise to temporary and localized impacts such as generation of debris, dust, noise, water pollution, and potential accidents which all need to effectively be prevented, mitigated, or minimized on-site through good mitigation measures and design. There will be an increase in the generation of waste (medical waste and effluents and plastics) which if not managed appropriately can lead to open dumping, incineration, or illegal burial which can lead to health impacts on workers, and communities. The Borrower does not have experience in implementing Bank financed projects under the ESF. Current capacity and systems for construction safety, worker occupational health and safety, infection control, biomedical waste management (both solid and liquid), and life and fire safety are extremely skeletal and weak and will require significant strengthening through project financed investments and trainings. Client capacities will be bolstered during implementation through recruitment of qualified staff and capacity building to fulfill ESF requirements and manage mitigate environmental risks of the project. Capacity building and training will be carried out extensively to all implementing agencies and supporting consultancies. An environmental safeguards specialist will be recruited in the SPMU to cover environmental aspects

**Social Risk Rating**

Moderate

The social risks are rated as ‘Moderate’ based on the assessment of risks, impacts and weak borrower capacities. The risks pertain to (i) upgradation of 10 existing Community Health Centres (CHCs)/Sub-Divisional Hospitals (SDHs) to District Hospitals (DHs), (ii) repair and renovation of the 25 DHs, and (iii) infrastructure improvement of nursing colleges. Other activities with social implications are related to systems improvement- (i) setting performance management standards, (ii) demand-side interventions with community for improving health seeking behavior, and (iii) increasing of human resources in the health sector. Based on the proposed interventions, the following social risks are anticipated (a) temporary disruption/delay of health services due to change in location of existing medical facilities (to nearby areas) during upgradation of CHC/SDH and renovation of DH, (b) temporary relocation of staff accommodation, (c) impact on workers’ and communities’ health and safety during construction related activities, (d) insufficient systems to address employment related issues such as SEA/SH, and discrimination at the workplace in the health sector, (e) inadequate systems to include vulnerable populations (women/SC/ST/BPL) from receiving project benefits, and (f) weak grievance redressal mechanisms. No new land acquisition is expected as upgradation and renovation activities are planned on government/municipal land and within the boundaries of existing facilities. The project’s negative list eliminates activities resulting in (a) acquisition of private lands or physical relocation of PAPs, and (b) posing significant risks to indigenous communities that may require obtaining FPIC. Client capacities will be bolstered during implementation through recruitment of qualified staff and capacity building to fulfill ESF requirements and manage mitigate social risks of the project. Capacity building and training will be carried out extensively to all implementing agencies and supporting consultancies. A Social Specialist will be recruited in the SPMU and will be supported by additional consultants and advisors to strengthen implementation capacity.

Public Disclosure

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

**B.1. General Assessment**

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

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



The standard is relevant. The project involves civil works such as upgradation of lower-level HCFs to new district hospitals and refurbishment of existing facilities (DH, Nursing/Dental schools). In view of these, the potential E&S risks under the project are environmental, occupational health and safety, community health and safety risks as well as temporary inconveniences for service users and providers. In addition, low capacities and coordination amongst several departments and agencies.

The Borrower has prepared a Environmental and Social Management Framework (ESMF) for the assessment and management of E&S risks and impacts for activities to be implemented. The ESMF establishes the principles and procedures to screen, assess, manage and monitor the mitigation measures of environmental and social impacts of subprojects during implementation. It contains a general assessment of project impacts based on the typology of subprojects, mitigation and monitoring measures, as well as implementation arrangements.

The draft ESMF, and ESCP will be consulted and disclosed during appraisal. Key environmental and social risks and impacts identified and assessed in the ESMF were determined to be site specific and mostly occurring during health facilities rehabilitation and biomedical waste management. These risks and impacts will be managed in accordance with the ESMF through preparation of site-specific instruments such as Environmental and Social Management Plans (ESMPs). The ESCP also includes provisions and timelines for developing Occupational Health and Safety Management Plan (OHSMP), Emergency Preparedness and Response Plan (EPRP), Infection Control and Medical Waste Management Plan (ICWMP) and Biomedical Waste Management Plan (BMWMP) where needed.

The ESMF also provides a negative list, including exclusion of activities involving land acquisition and/or involuntary resettlement, significant adverse impacts on customary tribal resources, those requiring FPIC (Free, Prior & Informed Consent) and impacts on eco-sensitive zones. The ESMF has a checklist to screen activities and sites for potentially adverse E&S impacts. In addition to the ESMF, detailed ESIA and site-specific ESMPs for subprojects will be prepared and disclosed at the time of detailed design/DPR preparation, prior to the bidding process. Assessments will be required to be completed prior to bidding, to ensure that all required mitigation and management measures falling to contractors are appropriately included in bid and contract documents.

In addition, Stakeholder Engagement Plan (SEP), Labour Management Procedure (LMP) and Environmental and Social Commitment Plan (ESCP) has been prepared to a standard acceptable to the Bank, which will be consulted and disclosed both in country on the GoA website and World Bank external website prior to appraisal. The ESCP includes the requirement for the Borrower to implement the ESMF, and prepare and implement sub-project specific ESIA and ESMPs during the implementation phase of the project.

### **ESS10 Stakeholder Engagement and Information Disclosure**

The project involves a wide range of stakeholders including (i) patients who will be direct recipients of healthcare services, (ii) BSc students, (iii) key departments/agencies (NHM, AAA, ASMCL, PWD, etc.), (iv) health workforce (doctors, nurses, attendants, etc.), and (v) those who would form part of the human resources that will be augmented under the project. Among these would be vulnerable groups, living in remote or difficult to access areas, persons with disabilities, scheduled tribes or BPL families. Such groups would require special outreach initiatives. Other stakeholders/interested parties would include: (i) medical associations, private health institution, pharmacist



associations, diagnostic centres, etc. (ii) NGOs, Youth Groups and Self-Help Groups involved in awareness building and behavioral change campaigns, (iii) local governance bodies e.g., autonomous districts councils, zilla parishad, gaon panchayat, etc. and (iv) other relevant government departments/agencies such as the Social Welfare and Tribal Affairs Department, Women and Child Development Department, etc.

Stakeholder engagement, consultation and communication, including grievance redress management and disclosure of information will be required throughout the project life. A (draft) Stakeholder Engagement Plan (SEP) has been prepared to address this which will be consulted upon and disclosed prior to Appraisal.

The SEP maps the stakeholders (affected parties, interested parties and vulnerable). It summarizes the interactions held with stakeholders from July to December 2022. It provides a roadmap including mode and frequency of engagement at various stages of the project cycle with each category of stakeholder. The project will support several initiatives to improve health system accountability. This includes (i) participatory tools such as leadership walkarounds, score cards and beneficiary satisfaction surveys, (ii) development and deployment of a health facility quality monitoring dashboard to track NQAS scores of each facility introduce performance indicators to measure patient satisfaction and experience, (ii) strengthen Rogi Kalyan Samiti (RKS) with representation of service providers, community members (women) and civil society representatives, in order to manage stakeholder feedback and comments, and to report back to the stakeholders, and (iv) publishing monthly health bulletin providing information on health services available and facility performance data aggregated at the state, district, and village levels. The health bulletin will also include public service messages for health promotion. The project Results Framework will track progress with citizen engagement through three IRI indicators, namely, (i) Number of District hospitals with functional RKS (with segregated information on % of female representation from the community); (ii) Annual satisfaction and patient experience surveys in targeted hospitals (report disseminated on project portal); (iii) Bi-annual GRM redressal rate.

The project will also pay special attention to address any potential barriers to the most vulnerable groups to meaningfully participate in the project, including using culturally appropriate modes of communication with local indigenous groups. The SPMU staff along with consulting firms will provide overall guidance and monitoring supervision to the SEP process.

SEP also contains a detailed description of the GRM, which would be established by the Implementing Agency and would also cover issues under ESS2 and SEA/SH.

The project will adopt the state's integrated 24x7, multi-lingual Sarathi Helpline as its grievance mechanism. However, the current system needs to be adapted to address grievances related to the project (e.g., issues arising during planning and preparation, construction-related impacts, concerns of staff and employees, including grievances related to SEA/SH). In addition, it needs strengthening to reduce the redressal time (49 days) and increase the redressal rate (50 percent). Extensive public outreach and awareness, addressing complaints beyond the current ambit, maintaining confidentiality and anonymity, streamlining referrals and escalation process, time management-are some of the aspects to be considered.

This, along with the arrangements for SEP implementation will be a condition in the ESCP. The ESCP will also include conditions for updating the SEP, as required, during project implementation.



## B.2. Specific Risks and Impacts

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

### ESS2 Labor and Working Conditions

The project will be carried out in accordance with the applicable requirements of ESS 2, in a manner acceptable to the Bank, including through, inter alia, implementing adequate occupational health and safety measures (including emergency preparedness and response measures) for healthcare workers, sanitation workers, contracted staff, and labor grievance redressal arrangements. The Borrower has prepared Labor Management Procedures (LMP) which set out the way in which project workers will be managed in accordance with the requirements of national law and ESS2.

The project is expected to engage (i) direct workers (PMU staff and consultants) (ii) contract workers (workers engaged in civil works, consultancy services, service providers, drivers and sanitation staff); and perhaps, primary supply workers. However, the engagement of primary supply workers will be known once the scope of the DPRs for the district hospitals is defined. The project aims to strengthen human resources at the targeted secondary level project facilities. Health sector is increasingly being considered among the key hazardous sectors, others being manufacturing, mining, agriculture. Hence, the workforce requires occupational health and safety procedures and systems in place. As the project plans refurbishment and upgradation of health facilities, comprehensive OHS provisions to protect the health and safety of the labour workforce that will work on construction site will be put in place. These provisions will be incorporated in Construction Contracts and monitored by health facilities officials in a systematic manner.

The Borrower has prepared the LMP setting out the requirements under ESS 2 and national/state laws particularly relating to terms and conditions of employment, non-discrimination and equal opportunity, worker's organizations, SEA/SH at workplace, and occupational health and safety aspects. The LMP also contain a worker's grievance mechanism with stipulations for sensitive grievances, including those related to SEA/SH. In addition, LMP includes a specific SEA/SH code of conducts as well as a general code for interacting with communities and partners. The use of forced labor or child labor is prohibited and will be regularly monitored by Implementing Agencies.

Measures relating to occupational health and safety, to protect project workers from injury, illness, or impacts associated with exposure to hazards encountered in the workplace or while working, are addressed in the ESMF and will be incorporated into the subproject ESIA instruments.

The ESMF includes generic OHS management/ mitigation provisions which will be applicable to all project financed activities. The OHS measures take into account the World Bank Group's General Environment, Health and Safety Guidelines (EHSs), the EHSs for Health Care Facilities and other Good International Industry Practices (GIIP). OHS specifications will also be included in the procurement documents and contracts with contractors and supervising firms. The ESMF factors OHS requirements for contract workers that will be involved in civil works such as codes of conduct, safety trainings, gender and SEA/SH sensitization. Periodic review of OHS policies and procedures will be made mandatory with clear accountability within the project operational manual.





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

The environmental impact of the infrastructure has been assessed in the ESMF. The interventions will generate a number of waste streams throughout construction and operations of the healthcare facilities (demolition waste, wastewater effluents, medical wastes, infectious waste, plastic, and e-waste etc.) wastes. Furthermore, disposal of wastewater (sewage, blood and body fluids, liquid medications, chemicals, disinfectants, corrosives) generated in the facilities, if not segregated, disinfected and treated appropriately can become a risk to community health from disease transmission, and pollute water resources. Waste is mainly expected from the increase of people having access to health care facilities (biomedical). The currently disposal for BMW is through deep burial pits, and this practice will continue till the state establishes its own central biomedical waste treatment facilities where all BMW in the state will be transported. The State is planning to set up additional 6 central treatment facilities to be funded by government of which one is already constructed and the rest will be tendered soon for setting up CTF. The ESMF includes measures for the contracted health care facilities to manage biomedical waste consistent with the EHSGs for Health Care Facilities. The project will also provide technical advisory support to the state for establishing and operating CBMWTFs and worker health and safety. The ESCP includes provisions to (i) conduct a baseline BMW categorization and quantification study and (ii) develop Waste Management Plan (WMP); Infection Control and Medical Waste Management Plan (ICWMP) and Biomedical Waste Management Plan (BMWMP) as part of the site specific ESIA/ ESMPs for the District Hospitals.

The required building material for district hospitals will potentially include stones, sand, concrete blocks or timber must be obtained from authorized quarries. In terms of soil loss, the project will ensure that soils on which the agricultural activities will take place, are not disturbed. During the rehabilitation of infrastructures, air emissions may include fugitive dust. Those most likely to be affected are people living within the proximity of these infrastructure sites. The implementation of mitigation measures such as dust suppression and vehicle maintenance will be applied to minimize the impact of air emissions during construction, and residual impacts are expected to be limited in scope and duration.

During the operational phase healthcare facilities demand for water as well as energy will increase. GHG estimation was not conducted as part of the ESA process because emissions are not anticipated to be significant as defined by ESS3.

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

ESS4 is relevant as impacts related to community health and safety may include unsafe disposal of biomedical waste (through dumping and open burning) wastewater (disposal in open drains), and construction debris during the infrastructure rehabilitation and upgradation under the project. This may expose communities to dust, noise/vibration, odors, hazardous and non-hazardous waste, disruptions in movement, potential accident risks to nearby communities. Though most civil works are confined to existing sites and government land, some pre-construction activities such as utility shifting, tree cutting, hindrances in access to facilities would potentially cause disruptions to community life. The project ESMF has identified health and safety risks associated with project financed investments and included specific strategies and mitigation measures for community health and safety. In



addition, measures for life and fire safety, infection control and worker health and safety will be put in place while existing CHCs and DHs, including nursing schools are upgraded through refurbishment works.

Further, civil works may also require migrant workers from other parts of Assam or other states depending on the contractors' strategy and requirement of skill sets. This may result in temporary risks associated with labor influx such as increased volume of traffic and higher risk of accidents, social conflicts within communities, increased risk of spread of communicable diseases, and increased rates of illicit behavior, crime, and SEA/SH. The LMP and ESMF will assess and include commensurate measures to address the risks associated with labor influx and other construction related activities

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

The proposed investments include upgradation of 10 existing CHCs and SDHs to DHs, repair and renovation of 25 existing DHs and nursing schools on government/municipal land and within the boundaries of existing facilities. The preliminary screening of the potential sites for upgradation reveals that the project does not anticipate any land acquisition. Further, activities resulting in land acquisition, physical and economic displacement will be excluded from the project per the screening E&S criteria and negative list adopted for the project. All sites will be screened during the preparation of site-specific ESIA and ESMPs for all physical investments.

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

The project proposes to construct District hospitals on the existing government land only, no new land will be needed. The refurbishment of the existing DHs and CHCs is also planned on the existing land. Preliminary observations have revealed absence of any critical natural habitats or sites crucial for biodiversity conservation within or near these proposed facilities.

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

The overall project is expected to benefit the local tribal population with improved health care delivery system. Certain locations in Assam falls under the VI Schedule Area under the constitution of India and has six statutory tribal autonomous councils. About 12.4 percent of the state's population are scheduled tribe population, comprising of 14 recognized Plain Tribe communities and 15 Hills Tribe communities. Project activities are not expected have any adverse impact on indigenous /tribal communities. The project will ensure IP engagement and consultation through requirements outlined in the SEP.

While the geographical coverage of the project is the entire state, preliminary screening reveal that specific investments related to upgradation of 10 lower level HCFs to DHs will not be carried out in the VI scheduled areas of Assam. Nonetheless, where relevant, site-specific Indigenous Peoples Plan (IPP) will be prepared for investments relying on the procedures for screening, identifying and inclusion of indigenous peoples, vulnerable and marginalized communities as embedded in the Indigenous Peoples Policy Framework (IPPF). Moreover, activities involving Free Prior Informed Consent (FPIC)/significant risks related to Indigenous Peoples (IPs) will be excluded from the project, as specified in the exclusion list.



**ESS8 Cultural Heritage**

The ESMF takes into account the risks and potential impacts on cultural heritage, an environmental and social screening checklist has been developed as part of the ESMF to ensure when interventions are selected and their potential risk/impacts on cultural heritage are identified and avoided. Moreover, suitable orientation/ sensitization to the contractors and primary suppliers working near sites within proximity of any sensitive receptors or heritage sites will be conducted on applying appropriate mitigation such as fencing, dust, odor, and noise control. Any direct and indirect impacts to cultural heritage will become clearer once the detailed project reports and ESIA's of the facilities to be supported under the project have been developed. Where necessary, specialized methods and tools for assessment such as Cultural Heritage Management Plan will be prepared for specific investments. A Chance Finds protocol are included in the ESMF. The protocol will be applied as needed once specific sub-project sites are identified.

**ESS9 Financial Intermediaries**

ESS9 is not relevant as the Project does not include inclusion of any financial intermediaries.

**C. Legal Operational Policies that Apply**

**OP 7.50 Projects on International Waterways**

No

Explained below.

**OP 7.60 Projects in Disputed Areas**

No

Explained below.

**B.3. Reliance on Borrower’s policy, legal and institutional framework, relevant to the Project risks and impacts**

**Is this project being prepared for use of Borrower Framework?**

No

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

None

**IV. CONTACT POINTS**

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Public Disclosure



**Borrower/Client/Recipient**

Borrower: India

**Implementing Agency(ies)**

Implementing Agency: Assam Health Infrastructure Development and Management Society (AHIDMS)

Implementing Agency: Assam Health Infrastructure Development and Management Society (AHIDMS), Health and Family Welfare

**V. FOR MORE INFORMATION CONTACT**

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**VI. APPROVAL**

Task Team Leader(s):	Elina Pradhan, Amith Nagaraj Bathula
Practice Manager (ENR/Social)	Christophe Crepin Cleared on 14-Feb-2023 at 11:55:0 EST

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