



Concept Environmental and Social Review Summary

Concept Stage

(ESRS Concept Stage)

Date Prepared/Updated: 12/05/2022 | Report No: ESRSC03135



BASIC INFORMATION

A. Basic Project Data

Country	Region	Project ID	Parent Project ID (if any)
India		P179337	
Project Name	Assam Secondary Healthcare System Reform Project		
Practice Area (Lead)	Financing Instrument	Estimated Appraisal Date	Estimated Board Date
Health, Nutrition & Population	Investment Project Financing	1/20/2023	4/27/2023
Borrower(s)	Implementing Agency(ies)		
Department of Economic Affair	Assam Health Infrastructure Development and Management Society (AHIDMS), Department of Health and Family Welfare		

Proposed Development Objective

To strengthen management capacity, utilization, 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 governance and management capacity of health systems at the state, district, and facility level; (ii) Improved quality and utilization of secondary healthcare systems; and (iii) improved structural quality and access of secondary care.

Public Disclosure



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.

Public sector hospitals overall have low management capacity for effective functioning and implementation of infection control measures. The state has 27 districts and 24 district hospitals (RHS 2019-20) - three districts of Jorhat, Karbi-Anglong and Dibrugarh do not have district hospitals. The district hospital performance report by NITI Aayog, 2021, indicates the state has lower bed strength (18 beds) at the district level compared to the National average (24 beds) per 100,000 population. There are no central biomedical waste treatment facilities, and waste is being poorly segregated and disposed in deep burial pits at the hospital sites.

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. The SPMU would be headed by the Commissioner & Secretary who will be the Project Director and may be assisted by the Additional Project Director. The Public Works Department will provide technical support for the infrastructure development under the project and AMSCL to execute the procurement related activities. These entities do not have dedicated environment, health and safety management capacity, and this will be created under the project. Beside SPMU, the project will also contract project management consultant (PMC) for planning and management of Civil works; Technical consultant to support design and implementation of quality and access improvement in district hospitals; and specialized agency for improving the training needs for the health staff. These PMCs will include EHS officers to provide inputs needed for development, monitoring and implementation of environment and social management plans.

Further, current capacity and systems for infection control, blood safety, biomedical waste management (both solid and liquid), and life and fire safety are extremely skeletal and weak and will require significant strengthening through a long term program and associated trainings, and this will be identified through the preparation process. The capacity of a wide range of stakeholders across the Health, Urban, Rural, Water and Sanitation and Public World Departments would need to be built on EHS and OHS aspects to be able to effectively plan and implement project financed investments and coordinate amongst the departments for positive environmental outcomes.

II. SCREENING OF POTENTIAL ENVIRONMENTAL AND SOCIAL (ES) RISKS AND IMPACTS

A. Environmental and Social Risk Classification (ESRC)

Substantial

Environmental Risk Rating

Substantial

Environmental Risk Rating Substantial The environmental risk for the project is rated as Substantial. The key environmental health and safety risks are attributed to the major civil works supported by the project under component 2, biomedical waste management and disposal, and worker, community health and safety. The project involves several implementing entities and requires coordination amongst several departments, all of which with no clearly defined institutional setup to supervise and manage the environmental and social activities under the project. The project will support (i) construction of new district hospitals, (ii) renovation and upgradation of existing district hospitals and nursing colleges, (iii) construction of two new central biomedical waste treatment facilities. 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 infrastructure of water supply, transport, electricity systems to function safely. All these interventions are expected to take place on the property of existing facilities; and municipal land 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. Other impacts could include water, groundwater pollution, or leachates, and emissions from incinerators without adequate air pollution control measures. The State also has weak infrastructure, limited connectivity and disaster-prone terrain which will also require additional measures for safety and resilience to be built into the workforce and infrastructure design. 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.

Social Risk Rating

Moderate

The overall project impact will be positive for the communities in terms of increased access and quality of health services along with strengthened institutional capacities for improved health systems. At this stage, the social risks are rated as ‘Moderate’ which will be reassessed during appraisal and revised if required. The risks pertain to two key areas- first, renovation and refurbishing which involve construction including (i) upgradation of existing Community Health Centres (CHCs)/Sub-Divisional Hospitals (SDHs) to DHs, (ii) repair and renovation of the existing DHs, and (iii) repair and renovation of nursing schools, and (iv) construction of two central biomedical waste treatment facilities. Second, systems improvement which involve (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 construction/renovation/upgradation of district hospitals, (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, gender pay gap 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 all new construction, upgradation and rehabilitation activities (hospitals, nursing colleges and biomedical waste treatment facilities) are planned on government/municipal land and within the boundaries of existing facilities. During preparation, the nature and scale of social risks and impacts of all activities will be further assessed and if necessary, the risk rating will be suitably revised by appraisal.

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 E&S risks under the project are substantial pertaining to activities under infrastructural upgradation of health centres and nursing training centres, and upgradation of biomedical waste management systems and disposal which include environment, worker, community health and safety risks as well as temporary inconveniences for service users and providers. Regarding systems improvement, there are risks of low capacities, inadequate parameters for mapping and tracking E&S outcomes as well as coordination amongst several departments and agencies.

The project adopts a combination of a framework approach and site-specific Environmental and Social Impact Assessments and Plans (ESIAs and ESMPs). Detailed (ESIA) and site-specific Environment and Social Management Plans (ESMPs) for subprojects for which the technical design and locations are available will be prepared which will be disclosed before project appraisal.

Public Disclosure



An Environmental and Social Management Framework (ESMF) will be prepared to provide guidance to sub-projects taken up during the implementation phase. The ESMF will include templates for site-specific ESIA and ESMPs, 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) based on relevant EHS, GIIP and WHO Guidelines for infection control and biosafety. Guidelines of the Occupational Safety and Health Administration (OSHA) which also apply to the design of hospitals, particularly in laboratory areas will be referenced and used, along with IFC EHS guidelines for healthcare facilities, and Good Practice Note on Life and Fire Safety in Hospitals.

The project will not involve private land acquisition since it only involves construction/upgradation of district hospitals, mostly through brownfield development of existing CHCs and SDHs. Thus, ESMF will specify the procedures required for assessing and identifying any adverse land or livelihood related impacts including those on indigenous or vulnerable communities, and propose strategies for mitigating such risks and impacts. The ESMF will also include an institutional and capacity development plan, and mechanisms for capacity building, performance audit and routine monitoring of E&S risks and impacts. The ESMF will have a screening checklist and exclusion list for activities that may not be undertaken unless the appropriate capacity and infrastructure is in place and those requiring FPIC. Based on the screening process, need for a detailed ESIA for existing DHs, CHCs and nursing schools undergoing upgradation will be evaluated. Assessments will be required to be completed prior to contracting of works, 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) will be prepared to a standard acceptable to the Bank and disclosed both in country on the GoA website and World Bank website prior to appraisal.

The ESCP will include 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. Upon activation of the Contingent Emergency Response Component (CERC), these documents will be updated and re-disclosed including the potential impacts and mitigation measures as needed.

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

None

ESS10 Stakeholder Engagement and Information Disclosure

Stakeholders relevant to this component could include: (a) patients who will be direct recipients of healthcare services, (b) health workforce (doctors, nurses, attendants, etc.), (c) biomedical waste management service providers, and (d) 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: (a) medical associations, private health institution, pharmacist associations, diagnostic centres, etc. (b) NGOs, Youth Groups and Self-Help Groups involved in awareness building and behavioral change campaigns, (c) local governance bodies e.g. autonomous districts councils, zilla parishad, gaon panchayat, etc. and (d) several



government departments that will be needed to consult with in the planning and implementation of the project finance investments, as they will have key supporting roles.

A Stakeholder Engagement Plan (SEP) will be prepared, consulted upon, and disclosed in the country and on the World Bank’s external portal prior to the appraisal. The SEP will define the mode and frequency of engagement with stakeholders at various stages of the project cycle. The SEP will also include indigenous people’s engagement and consultation requirements, as some of the project interventions such as upgradation and renovation of district hospitals will be in tribal areas. The SEP will also lay out strategies for conducting periodic patient satisfaction surveys to evaluate the quality and efficiency of services provided under the project. Further, existing grievance redressal mechanism will be assessed to determine its efficiency and applicability to the project, and appropriate measures will be recommended in the SEP to strengthen the system. SEP would include the detail description of the GRM, which would be established by the Implementing Agency and would also cover issues under ESS2 and SEA/SH. 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

ESS2 is relevant. 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, BMWW workers, contracted staff, and labor grievance redressal arrangements, and incorporating labor OHS and working conditions requirements into the specifications of the procurement documents and contracts with contractors and supervising firms.

The project is expected to engage (i) direct workers (SPMU staff and consultants) (ii) contract workers (workers engaged in civil works, consultancy services, BMWW service providers, drivers and sanitation staff); and perhaps, primary supply workers. However, the engagement of the primary supply workers will be known once the scope of the DPRs for the district hospitals, and CBMWTF under the project is defined. A detailed assessment of the number of workers, their duration and requirement during the project cycle will be done during preparation of Labor Management Procedures (LMP). The Borrower will prepare and disclose the LMP by appraisal. The LMP will incorporate provisions of this ESS and requirements under 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 will also contain a worker’s grievance mechanism with stipulations for sensitive grievances, including those related to SEA/SH. In addition, LMP will include 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.

Healthcare worker safety is a critical risk as current systems for infection control, blood safety, 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 associated trainings. An evaluation of the status of health and safety equipment (needle cutters, autoclaves, PPE) and systems such as fire safety and ventilation, sterilization, vector control, social distancing and laundry and sanitation services) will be carried out as part of the ESMF preparation.

The ESMF will identify the potential OHS risks associated with each of the healthcare facilities supported under the project (DHs, CHCs, CBMWTFs and training institutes) and an occupational health and safety management plan will be prepared as part of the site-specific ESMPs. Typically, this will include (i) identification of potential risks and hazards, (ii) preventive and protective measures including immunization, use of PPE etc, (iii) training of workers and maintenance of training records, (iv) documentation and reporting of accidents and incidents, (v) life and fire safety, (vi) emergency prevention and preparedness and response arrangements, vii) remedies for occupational injuries, deaths, disability and disease. Periodic review of OHS policies and procedures will be made mandatory with clear accountability within the project operational manual. Additionally, the ESMF will factor the OHS requirements for contract workers that will be involved in civil works such as codes of conduct, safety trainings, gender and SEA/SH sensitization. The applicable OHS measures shall be set out in the ESCP.

ESS3 Resource Efficiency and Pollution Prevention and Management

ESS3 is relevant. The interventions will generate a number of waste streams throughout the life of the project and after (emissions from CBMWTFs, groundwater leachate from pits, wastewater effluents, medical wastes, infectious waste, plastic, and e-waste etc.) Demolition and renovations of old hospitals containing asbestos containing materials which would need appropriate handling and disposal. Large scale use of single use plastic may lead to generation of high volumes of plastic wastes and add to land pollution. 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.

Hospitals do not have on site effluent treatment plants there are no central biomedical waste treatment facilities in the state. Deep burial pits are being utilized on the hospital premises for bio-medical waste disposal, hence there is a risk for a selected sites for hospital upgradation, to have historical pollution. In such circumstances, a health risk assessment would be needed, and appropriate remediation of the site would be carried out not to expose workers and communities to any health impacts. Existing deep burial pits at the sites of hospitals to be supported under the project will also need to be evaluated for engineering design, and technical supervision as these will be used and operational until CBMWTF are fully operational in the state.

The ESMF for the project, and the subproject specific ESIA's will assess the potential pollution impact, identify streams of waste, and sources of pollution to land, air, water) and provide appropriate mitigation measures to manage bio-medical waste, effluents, hazardous, plastic, e-waste and solid waste. In addition, infrastructure design to adopt good industry practices for waste segregation, treatment and design of ventilation systems will be recommended.



The CBMWTF supported under the project will need to follow environmental monitoring protocols (residual treated waste, odour, noise, emissions, and OHS (skilled and unskilled workers) which would be laid out as part of the sub-project ESIA and ESMP.

The project will not lead to a significant increase in GHG emissions, the project is also looking into reducing carbon footprint of healthcare facilities through limited interventions on energy conservation, resource efficiency, suitable building materials and ventilation and improved waste management activities, including separate selection of recyclables and their separate collection or reuse where possible. Good industry practices and trainings on these topics would be recommended as part of the ESMF to facilitate the state to adopt these practices.

ESS4 Community Health and Safety

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 building of infrastructure under the project. This may expose communities to dust, noise/vibration, odours, hazardous and non-hazardous waste, disruptions in movement, potential accidents for 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 will evaluate all potential health and safety risks associated with project financed investments, and biomedical waste collection and transport. Specific strategies and mitigation measures will be included in the ESMF and sub-project ESIA and ESMPs. 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. It may also be necessary to assess the safety condition of access roads to the hospitals that will be upgraded and built under the project if they need to be augmented for better construction material, disaster resilience and carrying capacity.

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

This standard is not relevant. Since the proposed investments i.e. (i) upgradation of existing CHCs and SDHs to DHs, (ii) repair and renovation of the existing district hospitals, (iii) repair and renovation of nursing schools, and (iv) construction of biomedical waste treatment facilities will be on government/municipal land and within the boundaries of existing facilities, thus, no new land will be acquired. All risks related to land will be screened during



preparation. The ESMF will contain an exclusion list to exclude activities on land acquisition, physical and economic displacement. The site-specific ESIA and ESMPs will include appropriate measures to address any residual risks.

ESS6 Biodiversity Conservation and Sustainable Management of Living Natural Resources

ESS6 is not relevant. The areas for the proposed DHs are existing government land, and no new land will be needed. The Central Biomedical Waste Treatment Facilities will be established on existing municipal solid waste sites. The ESMF will have a screening criteria for citing and guidelines to establish these new CBMWTFs at sanitary landfills in good condition following the national criteria for citing of the CBMWTFs. The refurbishment works on existing DHs and CHCs will be carried out on existing footprint of the facilities. Preliminary observation revealed that there are no 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

This standard is relevant. The overall project is expected to benefit the local tribal population with improved health care delivery system. 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. The ESMF will specify the procedures for screening, identifying and inclusion of indigenous peoples, vulnerable and marginalized communities which will be further implemented as part of the site-specific ESIA and ESMPs. It will also contain an Exclusion list to ensure that activities involving FPIC/adverse impacts related to IPs are excluded.

ESS8 Cultural Heritage

ESS8 is relevant. The state contains a large number of sites and natural heritage with significant religious, cultural, archaeological and historical importance. Although sites for upgradation of district hospitals are already known, the project will also be investing in new common biomedical waste treatment facilities, effluent treatment plants for hospitals, renewable energy systems and water supply systems to make these facilities fully operational. The operations of these hospitals will involve increase in the generation of waste and wastewater streams which need to be treated and disposed in order not to have any indirect or downstream impacts on built or natural heritage.

The ESMF to be prepared by GoA will consider risks and potential impacts on cultural heritage, an environmental screening checklist would also be developed as part of the ESMF to ensure when interventions are selected and their potential risk/impacts on environment and cultural heritage are identified and avoided. Moreover, suitable orientation/ sensitization to the contractors and primary suppliers working near sites within proximity of cultural heritage, to applying appropriate mitigation such as fencing, dust, odour and noise control, is needed.

A significant investment in biomedical waste management infrastructure and systems will also be made through the project, so that biomedical waste is not illegally dumped or burned, impacting any sensitive cultural or heritage assets. Operators of the CBMWTF incinerator will have strict protocols for emissions and effluents monitoring introduced in their contracts. 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. and, if required, specialized methods and tools for assessment such as Cultural Heritage Management Plan will be prepared for specific investments.

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

OP 7.60 Projects in Disputed Areas No

III. WORLD BANK ENVIRONMENTAL AND SOCIAL DUE DILIGENCE

A. Is a common approach being considered? No

Financing Partners

The project does not have any other financing partners.

B. Proposed Measures, Actions and Timing (Borrower's commitments)

Actions to be completed prior to Bank Board Approval:

1. Preparation of Environmental and Social Commitment Plan (ESCP)
2. Preparation of Stakeholder Engagement Plan (SEP) including GRM
3. Preparation and consultation of Environmental and Social Management Framework (ESMF)
4. Preparation, consultation and disclosure of ESIA and ESMP for DHs/ CBMWTF for which technical design/details and location are available prior to project appraisal.
5. Labour Management Procedures (LMP)
6. Disclosure of ESMF, SEP, and ESCP in line with requirements set forth in the World Bank policies on Disclosure and ESF.

Possible issues to be addressed in the Borrower Environmental and Social Commitment Plan (ESCP):

1. ESCP will refer to various E&S documents that need to be prepared during implementation including but not limited to the ESMF which will inform the preparation and implementation of site-specific documents such as Environmental and Social Impact Assessments (ESIAs) / Environmental and Social Management Plans (ESMPs) for



repair and renovation of existing DHs and nursing schools. The ESMPs will include occupational health and safety plan, and biomedical waste and infection control plans, and provisions to mitigate any land related risks.

2. Staffing and institutional capacity to manage environmental and social (E&S) risks and impacts
3. Provisions to implement and update SEP (including the GRM) during project life cycle
4. Provisions to prepare as well as update and monitor the LMP for all project workers.
5. Capacity development and training plan to all implementing departments, project officials, contractors and other key staff
6. Preparation and implementation of specific instruments/plans to meet the requirements set forth in E&S Standards (preparation of sub-project specific instruments is likely to go beyond the Appraisal Stage)
7. Implementation of the ESMF, ESIA, ESMPs, and LMP
8. Provisions for managing any unanticipated Environmental and Social Risks/Impacts

C. Timing

Tentative target date for preparing the Appraisal Stage ESRS

27-Apr-2023

IV. CONTACT POINTS

World Bank

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Borrower/Client/Recipient

Borrower: Department of Economic Affair

Implementing Agency(ies)

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

Implementing Agency: Department of Health and Family Welfare

V. FOR MORE INFORMATION CONTACT

Public Disclosure



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VI. APPROVAL

Task Team Leader(s):	Elina Pradhan, Amith Nagaraj Bathula
Practice Manager (ENR/Social)	Christophe Crepin Recommended on 21-Nov-2022 at 09:59:10 GMT-05:00
Safeguards Advisor ESSA	Charles Ankisiba (SAESSA) Cleared on 05-Dec-2022 at 10:10:51 GMT-05:00