



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

Appraisal Stage | Date Prepared/Updated: 13-Feb-2019 | Report No: PIDISDSA26322



BASIC INFORMATION

A. Basic Project Data

Country Congo, Democratic Republic of	Project ID P169753	Project Name AF III DRC Health System Strengthening for Better Maternal and Child Health Results	Parent Project ID (if any) P147555
Parent Project Name Health System Strengthening for Better Maternal and Child Health Results Project (PDSS)	Region AFRICA	Estimated Appraisal Date 04-Feb-2019	Estimated Board Date 27-Feb-2019
Practice Area (Lead) Health, Nutrition & Population	Financing Instrument Investment Project Financing	Borrower(s) Republic Democratic of Congo	Implementing Agency Ministry of Health, Democratic Republic of Congo, Ministry Of Finances

Proposed Development Objective(s) Parent

The proposed project development objective is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

Proposed Development Objective(s) Additional Financing

To improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory and, to provide an immediate and effective response to an eligible crisis or emergency.

Components

- Improve Utilization and Quality of Health Services at Health Facilities through PBF
- Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF
- Strengthen Health Sector Performance – Financing and Health Policy Capacities
- Disease Surveillance System Strengthening and Response

PROJECT FINANCING DATA (US\$, Millions)

SUMMARY

Total Project Cost	120.00
Total Financing	120.00



of which IBRD/IDA	120.00
Financing Gap	0.00

DETAILS

World Bank Group Financing

International Development Association (IDA)	120.00
IDA Grant	120.00

Environmental Assessment Category

B-Partial Assessment

Decision

The review did authorize the team to appraise and negotiate

Other Decision (as needed)

B. Introduction and Context

1. The Executive Directors approved the Health System Strengthening for Better Maternal and Child Health Results Project - PDSS (P147555) on December 18, 2014 for an equivalent of US\$226.5 million (Credit - IDA 55720 - US\$130 million; Grant - IDA D0210 - US\$90 million; and Health Results Innovation Trust Fund Grant - TF018675 - US\$ 6.5 million). The project became effective on May 30, 2016. The parent project closing date is December 30, 2019. The project development objective (PDO) of PDSS is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.
2. A first Additional Financing (AF1) to strengthen the parent project’s long-term objectives of reducing maternal and child mortality and chronic undernutrition by scaling up activities, introducing the Contingent Emergency Response Component (CERC), and extending the parent project closing date to December 30, 2021, this was the first closing date extension was approved on May 31, 2017, for an equivalent amount of US\$163.5 million (Credit - IDA 59980 - US\$120 million; Global Financing Facility (GFF) Grant – TF0A4579 - US\$ 40 million; and United States Agency for International Development (USAID) Trust Fund Grant – TF0A5096 - US\$ 3.5 million). The GFF grant became effective on August 18, 2017, the USAID grant effective on November 22, 2017, and the IDA credit effective on February 13, 2018. A second Additional Financing (AF2) aiming at increasing the delivery of the existing integrated package of essential health services to the targeted population was approved on January 24, 2018 for an equivalent amount of US\$10 million (Global Fund (GF) Grant – TF0A6495). The GF grant became effective on August 14, 2018.



3. This project has been under implementation for about 30 months. To date 55 percent of International Development Agency (IDA) funding has been disbursed overall with 44 percent disbursement of parent project and 73 percent disbursement of AF1. The project has been performing in a satisfactory manner for progress towards PDO achievement. The results framework shows considerable progress, where 11 indicators (out of 19) had reached their target for 2018 by June 30th. Some of the results achieved to date include 39,000 more children vaccinated with the BCG vaccine, and 25,000 with three doses of the DTP/Hepatitis B/Hib pentavalent vaccine, there were 15,000 more assisted deliveries, and about 4,000 more women attended 4 antenatal counselling sessions, compared to January of the same year. Utilization of health services, in the targeted areas, increased from 0.2 percent per year to 0.32 percent per year since the implementation of the project. The quality score for PBF facilities reached 65% though the variation between provinces is wide with Maniema at a low of 37 percent and Kwilu at 76 percent. Other indicators related to nutrition, civil servant and early childhood activities do not include to date results as the implementation of these activities have been delayed due to the triggering of the Contingency Emergency Response Component (CERC), on May 24th. Indeed, the CERC was triggered at the request of the Government as a result of the 9th Ebola Virus Outbreak (EVD). Triggering of the CERC led to the reallocation of US\$80 million from the essential maternal and child health related activities to financing the approved Ebola response activities financed through the CERC (see below).
4. Project Implementation is rated moderately satisfactory. While implementation of most of the activities such as contracting of health facilities to support health, nutrition, and population services is well underway with more than 3,000 contracts signed and payments to health facilities and all the purchasing agencies have been put in place along with the technical assistance required, the implementation of other activities have faced some delays. For instance, while the contracts to determine the number of civil servants eligible for retirement along with the fiduciary firm responsible for calculating the pension amount and the firm to manage grievances have been hired, the actual launching of these activities have yet started. Furthermore, project implementation has faced some delays concerning the nutrition and early childhood development activities which are part of the AF1 as when the AF1 become effective (in February 2018) 4 months later on May 25, 2018, the CERC was triggered and all the funding going into these activities was transferred to address the Ebola Outbreaks.
5. As mentioned above, the CERC was triggered at the request of the Government of DRC after the Government declared the 9th Ebola Outbreak in Equateur. The 9th Ebola Outbreak was declared on May 8th, 2018. At the time of triggering the CERC, 30 EVD cases were confirmed and 27 deaths were recorded. In addition to triggering the CERC, the Pandemic Emergency Facility (PEF) was also triggered at the request of the Government on May 25th, 2018. A total of US\$80 million was reallocated to the CERC component 4.2 from uncommitted funds under components 1, 2 and 3 under the PDSS AF1 and US\$11.4 million grants were mobilized under PEF Cash Window. As soon as the 9th Ebola outbreak was declared over on July 24, 2018, the Government declared the 10th Ebola outbreak on August 1, 2018 in the North Kivu. The project has been able to finance, along other development partners, the Government approved Strategic Response Plan (SRP) for both the 9th and 10th Ebola outbreaks. The WB has been the largest donor for both outbreaks. To date, from the US\$80 million mobilized, US\$50 million have been disbursed or committed. Furthermore, the US\$11.4 million of PEF Cash window were all disbursed. The project has been very effective in



responding to the Government needs to address the ongoing 10th Ebola outbreak. The Government along its partners in working on the development of a third strategic plan covering the period of February to July 2019 to support the continuous efforts to end the transmission of the Ebola virus.

6. Specifically, on May 24, 2018, the Africa Regional Vice-President approved the request for activation of the CERC for an amount of US\$80 million, on the basis that all conditions precedent for activation had been met. The funds were reallocated from the Credit No. IDA-59980-ZR disbursement categories 1, 2 and 3 to the CERC category 4 to address the most urgent needs for coordination, surveillance/case investigation/diagnostic, case management, support to health care facilities, psychological care, and other control measures. The restructuring for the CERC reallocation was approved on November 29, 2018 taking into account reallocation from the original project components as follows: (i) US\$45 million Component 1: Improve Utilization and Quality of Health Services at Health Facilities through Performance Based Financing (PBF); (ii) US\$15 million from Component 2: Improve Governance, Purchasing and Coaching and Strengthen Health Administration Directorates and Services through PBF; and (iii) US\$20 million from component 3 Strengthen Health Sector Performance – Financing and Health Policy Capacities.

7. As of end December 2018, 60 percent of CERC resources have been disbursed. The results achieved to date with the emergency activities financed through the CERC, include:
 - 94.7 percent (20,849 out of 22,000) of listed eligible people for ring vaccination under research protocols provided consent and were vaccinated;
 - 5,048 health workers were trained and/or briefed on standard precautionary measures;
 - 5,140 frontline workers mobilized in affected zones for Ebola response and participatory community engagement;
 - 83.7 percent (798,150 out of 952,946) of people with access to safe water source in the affected areas;
 - 1,410 social infrastructures provided with essential WASH services (240 health facilities; 400 schools; 770 community facilities/markets/churches);
 - 89 percent (4,916 out of 5,518) of contact family members, including children, received psycho-social support and/or material assistance;
 - 322 households and 229 health facilities linked to confirmed and probable cases have been decontaminated, sensitized on IPC and safety measures put in place; and
 - 5,357 contacts were registered between the August 17 and October 29, of which over 2,100 have completed 21 days of follow-up.

C. Proposed Development Objective(s)

Original PDO

The proposed project development objective is to improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory.

Current PDO



Revision to the Project Development Objective to reflect the activation of the CERC, thus the new PDO will read as follows: “To improve utilization and quality of maternal and child health services in targeted areas within the Recipient's Territory and, to provide immediate and effective response to an eligible crisis or emergency

Key Results

8. The results framework has been revised to include the following additional key results to reflect the activities being financed under the CERC. The new indicators to be introduced include at the PDO level: Number of vaccinated eligible individuals vaccinated during EVD; and at the intermediate level the following indicator: (i) Percentage of contacts lost to follow up; (ii) Percentage of samples received that have been tested; and (iii) Percentage decreased suspected and probable cases for whom safe and dignified burials have been carried out.

D. Project Description

9. This Paper seeks the approval of the Executive Directors to provide a third AF in an amount of US\$100 million to the Health System Strengthening for Better Maternal and Child Health Results Project – PDSS. The AF will be financed through an IDA grant in the amount of US\$80 million and the PEF cash window in the amount of US\$20 million. PEF Cash window financing needs to go through the project mechanism, as the Government requested that the funding be made available to the Ministry of Health rather than to the UN implementing agencies directly, in order to support the third SRP. The purpose of this AF is to: (i) replenish funds reallocated from components 1, 2, and 3 of the PDSS to component 4 (CERC). The replenishment would allow the project to achieve its PDO and intended results as per the targets set in its results framework for components 1, 2 and 3; and (ii) finance the continuation of implementation of the emergency response activities to stop the EVD transmission. This operation is processed following condensed procedures under paragraph 12 of Section III of the Investment Project Financing (IPF) Policy.
10. This paper also seeks management approval to carry out a Level 2 restructuring with the proposed changes: (i) Revision to the Project Development Objective to reflect the activation of the CERC; (ii) Changes in the results framework to reflect CERC results, with no changes to current project indicators for the other project components 1, 2, and 3; (iii) Changes to expenditure category allocations to reflect the additional funding provided by the PEF to the CERC component. These changes are proposed according to the 2017 Bank CERC Guidance Note; and (iv) Description of Component 4.2 CERC spelling out the ongoing Ebola activities that have been financed by the CERC.¹
11. There are no proposed changes to the fiduciary arrangements, safeguards or implementation arrangements. The Operational Manual endorsed and cleared by the World Bank Fiduciary and safeguard teams, at the time the CERC was triggered, will be used for the CERC and PEF funding.

¹ Bank Guidance Note on Contingent Emergency Response Components (CERC) - Oct2017. Catalogue No: OPS5.03-GUID.141
https://worldbankgroup.sharepoint.com/sites/gsg/RDRM/SitePages/Detail.aspx/Documents/mode=view?_Id=295&SiteURL=/sites/gsg/RDRM/



A. Replenishment of Original PDSS activities and Financing Gap to the EDV response

12. The reallocation of project funds to the CERC created a financing gap for the project components 1, 2 and 3. The 2017 Bank Guidance on CERC indicates that after funding has been provided through the CERC an “Additional Financing may be used to fully or partially replenish the funds reallocated”, thus the Recipient and the Bank should identify and implement actions to restructure the affected project components and/or options to restore funding as appropriate to high priority components of the project from which funding has been withdrawn. Hence, through this AF, the funds reallocated to the Ebola Response will be replenished, thus allowing the Project to implement the activities originally approved to support the achievement of the intended results and PDO.

13. The US\$80 million replenishment of the funding per component (components 1 through 3) will provide the originally intended resources to fully resume the implementation of the project activities focusing on improving utilization and quality of health services, with a specific focus on maternal and child health interventions, through PBF in selected health zones. The replenishment will also support the establishment of the performance frameworks at all levels of the health system through: (i) supporting PBF implementation and supervision (capacity building, verification and counter verification); (ii) establishing incentive mechanisms to improve performance and hold the DPS accountable for services; and (iii) establishing internal performance framework contracts within key directorates at the central level. Finally, it will support the activities aimed at strengthening the health sector performance through a similar activities, including: (i) capacity building to improve quality of care; (ii) development of health financing, human resources and supply chain strategies to improve the performance of the health sector; (iii) strengthening the monitoring and evaluation and health information systems; and (iv) strengthening disease surveillance and response and project management.

14. The restructuring of the project, further allows to spell-out and describe the ongoing EVD response activities funded under the CERC component 4.2 to date. These ongoing activities, which will have a residual system strengthening effect, include but are not limited to: detection of all suspected cases and collect samples for laboratory confirmation; identification and tracking of all EVD contacts; organization of medical and psychosocial case management including nutritional support; reducing the risk of transmission of EVD in the community; strengthening of infection prevention and control measures at health facilities; strengthening of surveillance in health districts vulnerable to transmission of EVD because of population movement; strengthening of community mobilization through participatory communication on social, behavioral change, and local community engagement and participation; immunization of at-risk groups (front-line staff, case contacts, and contact of contacts); and free care to all infected health areas. All these activities are proven to be core interventions to be put in place in response to the Ebola Outbreak.

The US\$20 million additional financing from the PEF Cash Window will allow the government to meet the additional needs that emerged as a result of the 10th outbreak of Ebola in new regions that were not anticipated at the time of the CERC activation. These activities are the same as those defined for the CERC component above.

E. Implementation



Institutional and Implementation Arrangements remain the same as the parent project.

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

The original project covers 156 health zones which translates into eleven Provinces out of the newly created 26 Provinces. All of the health zones in the formerly known Provinces of Equateur and Bandundu are covered, 8 health zones out of 18 in Maniema are covered and in the former Katanga the following newly created Provinces are covered: Haut-Katanga (8HZ), Haut Lomami (16HZ), and Lualaba (14HZ). Institutional capacity building at the national and health zone level is the focus of the project. Particular attention is given to some of the system building blocks in the health sector. Minor rehabilitation of existing health facilities will be undertaken but no adverse environmental or social impacts are expected. The project does not require any land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihood. The project is expected to have a positive impact for all beneficiaries including vulnerable groups such as children, women and the poor who are the main target beneficiaries of the project. This project will cover 11 provinces and hence part of the population targeted will include Indigenous Peoples (IPs). The expected impacts are positive as the IPs do not have access to quality care and hence the project will ensure that quality free care is provided to them to ensure a better health outcome. An Indigenous Peoples Plan Framework (IPPF) has been prepared and disclosed as part of the original PDSS project (P147555) in October 2016 as well as part of the AF1. The IPPF was re-disclosed prior to appraisal. And specific province plans prepared for implementation.

G. Environmental and Social Safeguards Specialists on the Team

Richard Everett, Social Specialist
Claude Lina Lobo, Environmental Specialist
Joelle Nkombela Mukungu, Environmental Specialist

SAFEGUARD POLICIES THAT MIGHT APPLY

Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	Some 27 health facilities, destroyed recently in December 2018, will be rehabilitated and that will generate environmental or social impacts; these



		impacts are expected to be located and minor. But associated environmental risks are substantial for some structures. The health waste management plan (HWMP) for the AF3 was re-disclosed prior to appraisal.
Performance Standards for Private Sector Activities OP/BP 4.03	No	N/A
Natural Habitats OP/BP 4.04	No	The project will not affect natural habitats.
Forests OP/BP 4.36	No	The project does not involve forests or forestry.
Pest Management OP 4.09	No	The project does not involve pest management.
Physical Cultural Resources OP/BP 4.11	No	The project does not involve physical cultural resources.
Indigenous Peoples OP/BP 4.10	Yes	An Indigenous Peoples Plan Framework (IPPF) was prepared for the Parent project, consulted upon and disclosed in country and at the Infoshop in October 2016. It aims to ensure that Indigenous Peoples will benefit from social outputs of the project as it will cover indigenous areas. The IPPF for AF3 was re-disclosed prior to appraisal.
Involuntary Resettlement OP/BP 4.12	No	The project does not involve land acquisition leading to involuntary resettlement and/or restrictions of access to resources and livelihoods.
Safety of Dams OP/BP 4.37	No	The project does not involve dams.
Projects on International Waterways OP/BP 7.50	No	N/A
Projects in Disputed Areas OP/BP 7.60	No	N/A

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 is not expected to have large scale, significant, or irreversible environmental or social impacts. Project activities are focused on delivery of an integrated package of health services both at the community, health facility level, as well as providing high impact maternal and reproductive health services, and Ebola virus disease interventions.

Project activities that could potentially cause an adverse impact that will need to be minimized, mitigated and managed include: (i) During the interventions and free-services at the health facilities which would generate additional quantities of medical waste will increase slightly over the current baseline. (ii) In addition, the health facilities will receive an investment bonus at the beginning of each year, which they can use to do some minor rehabilitation such



as painting, opening a window, fixing the roof etc. These activities may cause noise, vibrations and emissions from vehicles and machinery, generate construction waste and involve potential risks regarding workplace and community health and safety. However, these activities anticipated impacts will be temporary, site specific and localized, and limited in scope.

The presence of indigenous people (IP) in the targeted Provinces was identified and confirmed during project preparation. IPs constitute a vulnerable and marginalized group in the project area. The risk of social exclusion of IPs in the context of the project cannot be ignored, to ensure that IPs will benefit from the project, OP/BP 4.10 has been triggered, and an Indigenous Peoples Plan Framework (IPPF) focusing on outreach and inclusion has been prepared for the parent project.

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

The planned project activities are not anticipated to have long-term or indirect negative social or environmental impacts. The project is expected to increase social cohesion at the family and community level as well as activities to promote gender equality and change negative attitudes and norms towards women and girls. In addition, the project support will provide targeted communities with better access to basic health service. Project investments may strengthen sound environmental and social practices in the construction sector and around health facilities. In addition, the expected impacts on the indigenous people are positive as the IPs do not have access to quality care and hence the project will ensure that free quality care is provided to them to ensure better health outcomes.

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

Not applicable.

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.

At national level, the DRC has a legislative and regulatory framework which is conducive to good environmental management. In addition, the DRC has signed several international treaties and conventions. However, implementation capacity is weak. Environmental policies and their compliance are governed by the Ministère de l'Environnement et du Développement Durable (MEDD) (Ministry of Environment and Sustainable Development). The MEDD has three departments in charge of environmental monitoring and management : i) the national agency (Agence Congolaise de l'Environnement - ACE), the former GEEC (Groupe d'études environnementales du Congo) ; ii) The National Environmental Information Center (le Centre National d'Information sur l'Environnement - CNIE); and iii) the Environmental Redress Mechanism Unit (La Cellule Règlementation et Contentieux Environnementaux -- CRCE). The ACE is responsible for safeguards compliance of all projects in the country, but with emphasis on environmental category A project. This agency is also familiar with the safeguard instruments such as the Environmental and Social Management Framework (ESMF) and the Resettlement Policy Framework (RPF). The unit (ACE) is understaffed and has limited capacity. Despite several donor-funded capacity building initiatives, the unit still largely relies on donor funds to carry out its field supervision duties.

Under the original project two safeguard policies were triggered: 1) OP/BP 4.01 Environmental Assessment because of the potential negative environmental and social impacts related to the handling and the disposal of medical and health waste (such as placentas, syringes, and material used for delivery of pregnant women) in health facilities covered by the project area. However, Health Care Waste to be generated by the project is expected to be site specific, small scale and easily manageable; and 2) OP/PB 4.10 on Indigenous People. As such the original project developed and disclosed the IPPF as well as the Social and Environment Framework (ESMF) in October 2016. Both the ESMF and IPPF were re-disclosed prior to appraisal.



To manage properly health care waste in accordance with OP/PB 4.01, the existing Health Care Waste Management Plan (HCWMP) disclosed by the PDSS in October 2016 and subsequently in December 2017, was re-disclosed prior to appraisal. The project team is in the process of recruiting respectively environmental and social specialists to support the existing safeguard focal point, to ensure implementation of the instruments.

To manage environmental impacts and associated risks in accordance with OP/PB 4.01, a first safeguards evaluation relative to contamination of human and biophysical environment was done for all the 27 concerned health centers in Beni. Thus, a contingency plan to stop and annihilate the observed or deduced contamination case(s) was developed for each of the 6 health centers found contaminated.

Secondly was performed assessment of occupational risks/impacts related to the rehabilitation works in each concerned health center; the Occupational Health and Safety Plan (OHSP) was then developed and these OHSP will be delivered later to the company(ies) responsible for the works in all respective health centers.

The decontaminated contingency plans and the Occupational Health and Safety Plans (OHSP) will be formally done on the 8th February 2019.

The project put in place a budget for the implementation of the agreed safeguards measures, which will include the cost for the recruited specialist (social and environment) to supervise the project, for monitoring as well as capacity building of the various stakeholders.

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

The preparation of the project has relied on consultations with government officials at relevant levels, provincial officials, donors in community, implementation partners, community and civil society groups, and direct beneficiaries of the project. The implementation of the project will likewise rest on various and continual consultations.

The preparation of safeguards instruments (MWMPs, Occupational Health and Safety Plan (OHSP), Gender Based Violence (GBV) and IPPF), once the project site is clearly identified, will include additional consultations, at local, provincial and national level. Upon review and approval by the government, the MWMPs, OHSP, GBV and IPPF were disclosed by governments in local languages to project-affected groups and NGOs in publicly accessible places for consultations in country, and by the World Bank, in the external site.

Regarding grievance redress mechanism (GRM), the project will use the same as parent project one and will adapt it where needed.

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
11-Feb-2019	11-Feb-2019	



"In country" Disclosure

Congo, Democratic Republic of
11-Feb-2019

Comments

ESMP, IPPF, and HWMF were disclosed on the MOH and PDSS website as well as media congo.

Indigenous Peoples Development Plan/Framework

Date of receipt by the Bank

11-Feb-2019

Date of submission for disclosure

11-Feb-2019

"In country" Disclosure

Congo, Democratic Republic of
11-Feb-2019

Comments

ESMF, IPPF, and HWMF were disclosed on the MOH and PDSS website as well as mediacongo.

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.

If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level (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)

OP/BP/GP 4.01 - Environment Assessment

Does the project require a stand-alone EA (including EMP) report?

No

OP/BP 4.10 - Indigenous Peoples

Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?

Yes

If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?

Yes



If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?

NA

The World Bank Policy on Disclosure of Information

Have relevant safeguard policies documents been sent to the World Bank for disclosure?

Yes

Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?

Yes

All Safeguard Policies

Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?

Yes

Have costs related to safeguard policy measures been included in the project cost?

Yes

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?

Yes

Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?

Yes

CONTACT POINT

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APPROVAL

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