

**INTEGRATED SAFEGUARDS DATA SHEET
ADDITIONAL FINANCING**

Report No.: ISDSA12657

Date ISDS Prepared/Updated: 16-May-2016

Date ISDS Approved/Disclosed: 16-May-2016

I. BASIC INFORMATION

1. Basic Project Data

Country:	Bangladesh	Project ID:	P151070
		Parent Project ID:	P118708
Project Name:	HSDP Additional Finance (P151070)		
Parent Project Name:	Bangladesh - Health Sector Development Program (P118708)		
Task Team Leader(s):	Bushra Binte Alam		
Estimated Appraisal Date:	06-May-2016	Estimated Board Date:	18-Jul-2016
Managing Unit:	GHN06	Lending Instrument:	Investment Project Financing
Sector(s):	Health (100%)		
Theme(s):	Health system performance (40%), Child health (20%), Nutrition and food security (20%), Population and reproductive health (20%)		
Is this project processed under OP 8.50 (Emergency Recovery) or OP 8.00 (Rapid Response to Crises and Emergencies)?			No
Financing (In USD Million)			
Total Project Cost:	150.00	Total Bank Financing:	150.00
Financing Gap:	0.00		
Financing Source			Amount
BORROWER/RECIPIENT			0.00
International Development Association (IDA)			150.00
Total			150.00
Environmental Category:	B - Partial Assessment		
Is this a Repeater project?	No		

2. Project Development Objective(s)

A. Original Project Development Objectives – Parent

To enable the Government of Bangladesh to strengthen health systems and improve health services, particularly for the poor.

B. Proposed Project Development Objectives – Additional Financing (AF)

3. Project Description

The proposed Additional Financing (AF) is required to partially fill a financing gap in the last year of the Project. The financing gap is due to (a) higher than planned disbursements linked to accelerated achievement of results; (b) exchange rate fluctuations; and (c) lower levels of co-financing from development partners (DPs) compared to original commitments.

Under the AF, the disbursement modality is being changed from input-based financing to a results-based financing mechanism (using Disbursement Linked Indicators, DLIs). This will pave the way for a more results-focused intervention for the future. Based on HSDP implementation, a set of seventeen priority actions has been identified as DLIs clustered around the two components of the Project: i) Improving Service Delivery for a total of US\$40 million; and ii) Strengthening Health Systems for a total of US\$110 million. The PDO will remain the same under the AF.

To date, HSDP has performed well. The achievement of the PDO as well as the Implementation Progress, have been rated as Moderately Satisfactory in the last twelve months. The MOHFW has complied with all of the five legal covenants. Two of the three PDO indicators and two of the eleven intermediate indicators have already achieved their end-project targets. Seven intermediate indicators are on track to be achieved, and for the remaining three, more efforts will be needed to achieve the end-project targets.

4. Project location and salient physical characteristics relevant to the safeguard analysis (if known)

The Project will be implemented nation-wide including the Chittagong Hill Tracts (CHT). Although the country is almost monolingual, there is a small population of tribal/indigenous peoples, who mostly live in the north-eastern and south-eastern regions, including a concentration of IPs in the CHT. The Project investments will target all regions with a focus on those that have higher incidence of poverty and malnutrition and lacking access to health care services and facilities. The AF will continue the nationwide delivery of measles immunization of children under 12 months (DLI 1), increasing normal deliveries for pregnant women at public health facilities (DLI 2), and increasing notification rate of tuberculosis (DLI 3). OP 4.10 Indigenous People will therefore remain triggered for the AF.

Improving access to and use of the essential health services may require rehabilitation/ expansion as well as creation of new physical facilities. A review of infrastructure works financed by the Bank in the original project demonstrates that only small scale civil works and expansion activities have taken place. All expansion and upgrade works have been carried out on government owned land and no displacement or resettlement activities were triggered. The civil works packages initiated under the original project will continue and be completed under the latter. No new civil works packages will be initiated/funded under the AF. Therefore no resettlement or displacement inducing activities are anticipated under the AF. However OP 4.12 will remain triggered for the AF since the original project is still active. The original Social Management Framework (SMF), which included an Indigenous Peoples Framework (IPPF) have been updated for the purposes of the AF based on

consultations with the client, local communities and the Bank’s review and findings. The updated social safeguards documents include a Resettlement and Social Management Framework (RSMF) and a standalone Framework for Tribal Peoples Plan (FTPP), with the requisite screening formats (the government does not recognize the terminology of indigenous people anymore). The findings from consultations with stakeholders, on the basis of which the updates were made are discussed briefly below.

A Gender Equity Strategy (GES) for the health sector was developed by the Ministry of Health and Family Welfare (MOHFW) with support from DFID which was later updated with support from GIZ. The main objectives of the Strategy include: to ensure MOHFW policies, strategies, operational plans and other programs adhere to the gender equity principles; to ensure equitable access to and utilization of health services within a rights-based approach; to ensure gender-sensitive human resources (service providers) in the health sector with appropriate skills development for health service providers to deliver gender sensitive, non-discriminatory services; and to ensure gender mainstreaming in all programs with MOHFW and other ministries. Gender, NGO and Stakeholder Participation (GNSP) Unit of MOHFW is now developing a Gender Equity Action Plan based on the GES 2014 and in consultation with stakeholders. There is a Gender, Equity, Voice and Accountability (GEVA) Task Group under the current sector program to oversee progress of gender mainstreaming and gender related interventions in the program.

In order to strengthen the environmental practices, an environmental action plan agreed. This also includes environmental screening guidelines and Environmental Code of Practices (ECoPs) for small construction under original project. Since the exact location of these interventions will only be known during the implementation phase, a framework approach will be followed in Additional Financing for environmental assessment similar to original project.

5. Environmental and Social Safeguards Specialists

Sabah Moyeen (GSU06)

6. Safeguard Policies	Triggered?	Explanation (Optional)
Environmental Assessment OP/BP 4.01	Yes	As mentioned earlier the AF is required to partially fill a financing gap in the last year of the Project and to support a smooth transitioning from the current Project to a more results oriented engagement going forward. There is no change in the PDO. The category of the project will remain the same i.e., Category "B". Based on the environmental review and assessment carried out of the project, an Environmental Action Plan has been developed for AF in addition to the original Environmental Assessment and Action Plan for the HPNSDP which was prepared by MOHFW in 2011. This action plan has been prepared mainly to strengthen the medical waste management practice. Further to that, the implementing agency has also revised its screening and monitoring protocol for small-scale civil construction activities for the original project. The AF has included 2 key actions as DLIs (DLI # 8 and 9) for environmental management. DLI#8 relates to approval of guidelines for

		medical waste management (MWM) and DLI#9 aims to improve temporary storage of medical waste at the district hospitals.
Natural Habitats OP/BP 4.04	No	The AF does not include any physical intervention, which may have any impact of the natural habitats. As such the policy is not triggered here. It was also not triggered in the original project.
Forests OP/BP 4.36	No	The proposed AF is not expected to have any impact on the forests, the rights and welfare of people and their level of dependence upon or interaction with the forests; and the management, protection, or utilization of natural forests or plantations. Accordingly, the policy was not triggered in the original project and has not been triggered in the AF.
Pest Management OP 4.09	No	The proposed AF will not finance procurement of fertilizers and pesticides. Also the proposed AF will not promote an increased use of fertilizers and pesticides. Accordingly, the policy has not been triggered.
Physical Cultural Resources OP/BP 4.11	No	The proposed AF does not support any physical intervention which may have impact on property of historical, cultural or religious importance. So, the policy has not been triggered.
Indigenous Peoples OP/ BP 4.10	Yes	The program will be active in areas where indigenous people live. The original Social Management Framework (SMF) included a Indigenous Peoples Planning Framework (IPPF). The terminology "indigenous" is not accepted by the government and is replaced by "small ethnic communities and vulnerable people" or "tribal people", while keeping the definition, coverage and essence of the term "indigenous" as applied by OP 4.10 unchanged. In this case, since the client has been using the terminology "tribal people" for the previous phase of the project, for the sake of continuity, the project will continue using the same terminology. The AF will continue the nationwide delivery of measles immunization of children under 12 months (DLI 1), increasing normal deliveries for pregnant women at public health facilities (DLI 2), and increasing notification rate of tuberculosis (DLI 3), OP 4.10 Indigenous People will therefore remain triggered for the AF. The Indigenous Peoples Planning framework (IPPF) for the original project has been extracted as a standalone document and updated as a Framework for Tribal Peoples Plan (FTPP) with additional information on the findings (improved consultation and communication strategies, broad community consensus

		<p>building, improved documentation and data management as well as strengthened implementation arrangements). The updated version was approved and disclosed according to Bank rules. However, following the disclosure, the design and the scope of the AF were changed. This change is from an input based financing to a DLI based operations. The FTTP and the RSMF have been conditionally cleared based on the incorporation of the changed scope and modality in the said documents. These will be re-disclosed following Bank procedures.</p>
<p>Involuntary Resettlement OP/BP 4.12</p>	<p>Yes</p>	<p>Small civil works, such as upgrading of upazila health complex from 31 bed to 50 (in approximately 150 upazila), upgrading district hospital from 100 to 250 beds, is being financed through the pooled fund under the original project. All civil works are contained within the existing compound of the facilities and no land acquisition or displacement of people, and or adverse impacts on livelihoods have taken place. No civil works will be financed under the AF. However OP 4.12 remains triggered as the original project is still active. All major new construction and upgrade of larger facilities is under GOB finance. The original SMF contained a resettlement policy framework which has been followed in terms of screening and documentation. Going forward no new civil works packages will be undertaken under the project (AF) so it is unlikely that any resettlement or displacement impacts will result under the AF. The provision has been kept open as ongoing work under the original project will be continued. An updated Resettlement and Social Management Framework (RSMF) was prepared and disclosed according to Bank rules. However, as mentioned above, following the disclosure the design and the scope of the AF was changed to a DLI based modality. The TPF and the RSMF have been conditionally cleared based on the incorporation of the changed scope and modality in the said documents. These will be re-disclosed following Bank procedures.</p> <p>A Gender Equity Strategy (GES) for the health sector was developed by the Ministry of Health and Family Welfare (MOHFW) with support from DFID and later was updated with support from GIZ. The main objectives of the Strategy include: to ensure MOHFW policies, strategies, operational plans and other programs adhere to the gender equity principles; to ensure equitable access to and utilization of health services within a rights-based approach; to ensure gender-sensitive human resources (service providers) in the health sector with appropriate</p>

		<p>skills development for health service providers to deliver gender sensitive, non-discriminatory services; and to ensure gender mainstreaming in all programs with MOHFW and other ministries.</p> <p>Gender, NGO and Stakeholder Participation (GNSP) Unit of MOHFW is now developing a Gender Equity Action Plan based on the GES 2014 and in consultation with stakeholders.</p> <p>There is a Gender, Equity, Voice and Accountability (GEVA) Task Group under the current sector program to oversee progress of gender mainstreaming and gender related interventions in the program.</p>
Safety of Dams OP/BP 4.37	No	This policy is not triggered, as the proposed AF is neither financing any of constructing new dams, nor does it finance an existing dam.
Projects on International Waterways OP/BP 7.50	No	The proposed AF does not include any work or impact on the international waterways.
Projects in Disputed Areas OP/BP 7.60	No	The proposed AF is not located in any disputed area.

II. Key Safeguard Policy Issues and Their Management

A. Summary of Key Safeguard Issues

<p>1. Describe any safeguard issues and impacts associated with the proposed project. Identify and describe any potential large scale, significant and/or irreversible impacts:</p> <p>Medical Waste Management (MWM) has been previously identified as a significant challenge in the health sector in Bangladesh. These include, administrative inadequacies and limitations in medical waste management, unsegregated medical waste collection and dumping with municipal solid wastes, having no centralized waste collection facilities outside Dhaka city causing waste being dumped in an uncontrolled causing environmental pollution and risk of exposure, lack of supervision from hospital authorities (especially the public hospitals) and occurrence of pilferage, lack of adequate in-house treatment facilities and limitation of NGOs to establish out-house treatment facilities in remote areas and other issues (e.g. lack of transfer of knowledge from nurses to ward-boys, ineffective needle-cutters, lack of supervision and monitoring at ward levels, lack of in-house temporary storage etc.), which need to be addressed to make medical waste management effective.</p> <p>The Project will be implemented all over the country, including the Chittagong Hill Tracts that have the largest concentration of indigenous peoples (IPs), as well as plain districts which are also inhabited by IPs. Both OP 4.12 and OP 4.10 were triggered for the original project. So far, the small scale civil works funded under the program has not triggered the requirement for any Resettlement Action Plans (RAP) as the client has strictly used existing government lands and spaces belonging to existing health complexes/facilities for small scale extension and refurbishment works. No displacement or adverse livelihood impacts have been triggered due to these actions. The AF will not fund any civil works packages. However, OP 4.12 will remain</p>
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triggered as the original project is still active. The AF will continue the nationwide delivery of measles immunization of children under 12 months (DLI 1), increasing normal deliveries for pregnant women at public health facilities (DLI 2), and increasing notification rate of tuberculosis (DLI 4), OP 4.10 Indigenous People will therefore remain triggered for the AF.

The updated social safeguards documents include a Resettlement and Social Management Framework (RSMF) and a Framework for Tribal Peoples Plan (FTPP) and appropriate screening formats to be applied to each sub-project at the time of identification. The FТПP has been extracted from the original SMF and updated as a standalone document as per guidance from the Regional Safeguards Advisers and for drawing adequate and focused attention to its proper implementation. The implementation arrangements in this regard have also been strengthened and updated (in the FТПP). If the screening shows that, land acquisition, displacement or any adverse impact on livelihoods are expected due to project activities, a site specific Resettlement Action Plan (RAP) must be prepared based on the guidance provided in the RSMF. Given that the AF will not fund any civil works it is unlikely that any resettlement or displacement impacts will take place under the AF.

The project does work in areas where indigenous people live. OP 4.10 Indigenous Peoples is triggered for the AF as it was done for the original project too. The SMF for the original project included an Indigenous Peoples Planning Framework (IPFF) based on which and the screening process, site specific or sub-project specific Tribal Peoples Plans (the Bangladesh Government does not recognize the terminology indigenous Peoples) were required to be prepared. A Tribal Health Nutrition and Population Plan (THNPP) was prepared and implemented under HNPSP for the Chittagong Hill Tracts (CHT). The THNPP prepared for HNPSP was updated highlighting the lessons learned from implementation of the UNDP program in CHT by the MOHFW. A Task Force had been established for the implementation of the plan.

During consultations with the client and the beneficiaries, as well as other DPs, it was observed that there was lack of adequate and properly documented consultation with beneficiaries and communities while formulating and implementing the THNPP. The capacity of the appointed Task Force was also not adequate. In this light and in consultation with the above mentioned stakeholders it was decided to update the FТПP. The latter document now places highest emphasis on community consultation and broad based consensus building, as well as strategies to carry out such consultation and communication and document them according to Bank guidelines. The FТПP, under the AF, will not be implemented by an outside Task Force, but by the MOHFW itself with the help of specialized consultants who are experienced in dealing with Tribal Peoples and are sensitive to their particular issues. However, overall, beneficiaries, especially women were appreciative of the services being provided under the project, particularly in remote areas where alternative health care is hard to access.

For the purposes of the AF, the FТПP has been extracted as a standalone document, improved and updated according to mission findings and consultation with the client, other development partners and beneficiaries (described above). The review, consultations and analysis undertaken for the update of social safeguards documents and management show that improvements are required in conducting the screening, data analysis and documenting and reporting and in preparing the site specific Tribal Peoples Plans (TPP) based on this. Improved database management, disaggregated data collection, identification of specific indicators for the purpose are highlighted.

<p>A Gender Equity Strategy (GES) for the health sector was developed by the Ministry of Health and Family Welfare (MOHFW) with support from DFID and the strategy was updated with support from GIZ. The main objectives of the Strategy include: to ensure MOHFW policies, strategies, operational plans and other programs adhere to the gender equity principles; to ensure equitable access to and utilization of health services within a rights-based approach; to ensure gender-sensitive human resources (service providers) in the health sector with appropriate skills development for health service providers to deliver gender sensitive, non-discriminatory services; and to ensure gender mainstreaming in all programs with MOHFW and other ministries. Gender, NGO and Stakeholder Participation (GNSP) Unit of MOHFW is now developing a Gender Equity Action Plan based on the GES 2014 and in consultation with stakeholders. There is a Gender, Equity, Voice and Accountability (GEVA) Task Group under the current sector program to oversee progress of gender mainstreaming and gender related interventions in the program.</p> <p>There are no large scale or irreversible negative social impacts associated with the program.</p>
<p>2. Describe any potential indirect and/or long term impacts due to anticipated future activities in the project area:</p>
<p>Given the nature of the Project, it is anticipated that it will not have any long term negative impacts. Any social safeguard and environment related adverse effect arising out of the Project activities can be mitigated following the measures outlined in the RSMF, FTTP and environmental action plan.</p>
<p>3. Describe any project alternatives (if relevant) considered to help avoid or minimize adverse impacts.</p>
<p>Given the nature of HSDP AF, no alternative proposal feasible for the small scale infrastructure works are being considered under this project, as no civil works packages are included under the AF. The original project remains active. Any negative impacts due to small scale civil works will be mitigated following the measures outlined in the environmental assessment and action plan. In order to improve the medical waste management, the project will promote the appropriate measures relevant to the local context.</p> <p>As mentioned above, a THNPP was prepared and implemented under HNPS (as detailed out under section 4). The THNPP had some weaknesses which have been addressed during the update of the FTTP. The MOHFW will implement the FTTP in accordance with the guidance provided therein. Any impacts identified through the sub-project screening process will be duly mitigated in accordance with the provisions of the RSMF and the FTTP and the Environmental Action Plan.</p>
<p>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.</p>
<p>Environment: An Environmental Assessment and Action Plan for the HPNSDP was prepared in 2011 by MOHFW which identified health care waste management (HCWM) as a significant issue relating to HPNSDP operation. The other issues identified included clean water supply and sanitation, and environmental issues related to construction work. A review of the environmental management implementation of the HPNSDP was conducted in 2014. Report was prepared principally highlighting the existing limitations and gaps in the medical waste management system. Another safeguards assessment in 2015 reiterated that the issues related to improper medical waste management still exist specially in public hospitals.</p> <p>Overall, the application of Environmental Assessment and Action Plan has been weak in civil works related activities and the improvement of medical waste management has been marginal.</p>

This highlights an inherent weakness in the institutional capacity of the implementing agency, which needs improvement. In this respect, the findings of the report was communicated with the DGHS and an Additional Environmental Action Plan has been developed to strengthen the medical waste management practice and improve environmental screening, management measures and monitoring of civil works in the project. The Additional Environmental Action Plan is based on the findings of the previous assessment reports and sets out activities that needs to be performed in a short-term and medium-term basis in order to improve the current state of medical waste management particularly in public health care facilities. These action plans include improved record-keeping of in-house waste management, effective training, efficient segregation of waste at source, reduction of pilferage of waste, improved management of sharps as well as other measures. The implementing agency has also revised its screening and monitoring protocol for small-scale civil construction activities which will be used for safeguard compliance during the additional financing period.

The DGHS has appointed two environmental consultants in June 2015 to oversee the environmental safeguard activities with especial focus on improvement of medical waste management. It is expected that with the addition of relevant expertise to oversee the environmental safeguard activities (both for civil construction and medical waste management), the institutional capacity of the borrower will be strengthened.

Social: The original SMF included a Tribal Peoples Framework based on which and the screening process, site specific or sub-project specific Tribal Peoples Plans (the Bangladesh Government does not recognize the terminology ►(indigenous►() were required to be prepared. A Tribal Health Nutrition and Population Plan (THNPP) was prepared and implemented under the original project for the Chittagong Hill Tracts (CHT) which was reviewed and approved by the Bank. The THNPP prepared for the original project was updated highlighting the lessons learned from implementation of the UNDP program in CHT. MOHFW has established a Task Force for implementing THNPP. Recommendations of the Task Force were incorporated in the updated THNPP and will be implemented under the Sector Program.

The review, consultations and analysis undertaken for the update of social safeguards documents and management showed that improvements were required in conducting the screening, data analysis, screening, documenting, reporting and in preparing the site specific Tribal Peoples Plans based on this. For the purposes of the AF, FTTP has been be extracted from the original SMF. This document has been updated as a standalone document with the findings of the review and stakeholder consultation to ensure that the implementation arrangements are in compliance with the FTTP. The original SMF has been updated to a Resettlement and Social Management Framework (RSMF). Improved database management, disaggregated data collection, identification of specific indicators for the purpose has been highlighted. The existing THNPP and any future site specific tribal plan will be updated/prepared in accordance with the updated RSMF and the FTTP.

Specific training on the RSMF and FTTP, and preparation of site specific plans based on the latter must be arranged for field level staff who are responsible for carrying out the screening, documenting and reporting. Requisite staff/consultants dedicated to the preparation, review, implementation, monitoring and reporting on social safeguards management have to be appointed and trained.

The RSMF and FTTP will ensure compliance with the Government, World Bank and other

development partners > (social safeguard policies and will apply to the activities funded by the World Bank and pooling partners and provide the basis to prepare and implement mitigation plans as and when the program activities are found to cause adverse impacts.
5. Identify the key stakeholders and describe the mechanisms for consultation and disclosure on safeguard policies, with an emphasis on potentially affected people.
The key stakeholders include the Project beneficiaries, Government entities, development partners as well as community based organizations active in the health sector. The relevant stakeholders have been consulted with on the current situation as well as updated environmental action plan. The consultation included discussion on key challenges relating to the policy, institutional arrangements, resource requirement and ways to overcome the challenges of medical waste. The draft documents have been reviewed by the Government entities and the development partners. These documents were cleared by the World Bank, and disclosed through the World Bank's Infoshop as well as the Ministry of Health and Family Welfare's website. However, as mentioned above, following the disclosure the design and the scope of the AF was changed to a DLI based modality. The FTTP and the RSMF have been conditionally cleared based on the incorporation of the changed scope and modality in the said documents. These will be re-disclosed following Bank procedures.

B. Disclosure Requirements

Environmental Assessment/Audit/Management Plan/Other	
Date of receipt by the Bank	05-Oct-2015
Date of submission to InfoShop	16-May-2016
For category A projects, date of distributing the Executive Summary of the EA to the Executive Directors	
"In country" Disclosure	
Bangladesh	16-May-2016
<i>Comments:</i>	
Resettlement Action Plan/Framework/Policy Process	
Date of receipt by the Bank	05-Oct-2015
Date of submission to InfoShop	15-Oct-2015
"In country" Disclosure	
Bangladesh	15-May-2016
<i>Comments:</i> It was earlier disclosed on the client's website and notified in the newspapers on October 14, 2015. Now with the change in disbursement modality, the document will be disclosed on the client's website.	
Indigenous Peoples Development Plan/Framework	
Date of receipt by the Bank	05-Oct-2015
Date of submission to InfoShop	15-Oct-2015
"In country" Disclosure	
Bangladesh	15-May-2016
<i>Comments:</i> Has been disclosed in client websites and notified in the newspapers (one English and one Bangla)It was earlier disclosed on the client's website and notified in the newspapers on October 14, 2015. Now with the change in disbursement modality, the document will be disclosed on the client's website.	

If the project triggers the Pest Management and/or Physical Cultural Resources policies, the respective issues are to be addressed and disclosed as part of the Environmental Assessment/Audit/or EMP.
If in-country disclosure of any of the above documents is not expected, please explain why:

C. Compliance Monitoring Indicators at the Corporate Level

OP/BP/GP 4.01 - Environment Assessment	
Does the project require a stand-alone EA (including EMP) report?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.10 - Indigenous Peoples	
Has a separate Indigenous Peoples Plan/Planning Framework (as appropriate) been prepared in consultation with affected Indigenous Peoples?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If the whole project is designed to benefit IP, has the design been reviewed and approved by the Regional Social Development Unit or Practice Manager?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] NA [<input type="checkbox"/>]
OP/BP 4.12 - Involuntary Resettlement	
Has a resettlement plan/abbreviated plan/policy framework/process framework (as appropriate) been prepared?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
If yes, then did the Regional unit responsible for safeguards or Practice Manager review the plan?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Is physical displacement/relocation expected? Provided estimated number of people to be affected	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] TBD [<input type="checkbox"/>]
Is economic displacement expected? (loss of assets or access to assets that leads to loss of income sources or other means of livelihoods) Provided estimated number of people to be affected	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] TBD [<input type="checkbox"/>]
The World Bank Policy on Disclosure of Information	
Have relevant safeguard policies documents been sent to the World Bank's Infoshop?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have relevant documents been disclosed in-country in a public place in a form and language that are understandable and accessible to project-affected groups and local NGOs?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
All Safeguard Policies	
Have satisfactory calendar, budget and clear institutional responsibilities been prepared for the implementation of measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have costs related to safeguard policy measures been included in the project cost?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

Does the Monitoring and Evaluation system of the project include the monitoring of safeguard impacts and measures related to safeguard policies?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]
Have satisfactory implementation arrangements been agreed with the borrower and the same been adequately reflected in the project legal documents?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] NA [<input type="checkbox"/>]

III. APPROVALS

Task Team Leader(s):	Name: Bushra Binte Alam	
<i>Approved By</i>		
Safeguards Advisor:	Name: Zia Al Jalaly (SA)	Date: 16-May-2016
Practice Manager/ Manager:	Name: Rekha Menon (PMGR)	Date: 16-May-2016